Arizona Board of Massage Therapy
1400 W. Washington Ste. 300 Phoenix AZ 85007
602-542-8604 Fax 602-542-8804

Request Form for Duplicate License, Wall Certificate or a Name Change

Mail this completed form with a cashier's check or money order only to the address above.

Current Name_____ License # MT- _____

Type of change requested. Check all that applies:

___ Duplicate license $25.00 ___ Wall Certificate $25.00 ___ Name Change* & Duplicate license $25.00

___ Name Change only* – no fee (this is the only request that can be faxed)

*Name changes require legal documentation stating the name change.
A photocopy of one of the following must accompany this form for a name change:

1. Marriage License indicating the original signature and seal form clerk of the court.
2. Divorce Decree indicating restoration of your maiden name
3. Court ordered adoption, and/or name change of Federal identity change

Name Change:

From: _____
First Middle Last

To: _____
First Middle Last

Current physical address:

_____
street apt# city st zip code

Current mailing address (if different from physical address):

_____
street or PO# apt# city st zip code

Contact phone # _____

Please note that pursuant to A.R.S. 32-4225 (C), "Each licensee is responsible for reporting to the Board in writing, name change and changes in business and home addresses and phone numbers within ten days."

Sign_____Date_____

4/30/2014