Arizona Board of Massage Therapy

1400 W. Washington Ste. 300 Phoenix AZ 85007
602-542-8604 Fax 602-542-8804

Part 1: Address change Part. 2: Request for duplicate & name change.

Name_____ License # MT-_____
Print current name on license

PART 1: ADDRESS CHANGES ONLY. THIS CAN BE FAXED.
BE AWARE OF ALL ADDRESSES THAT HAVE CHANGED (HOME, BUSINESS, MAILING)

1. Indicate by checking the box which address you want posted on the Website:
☐ **Home** ☐ **Work** ☐ **Other**

2. Resident address: Will be public if no other address is given - PHYSICAL ADDRESS IS REQUIRED:

_____
Street address Apt # City State Zip code

_____
Work address Ste # City State Zip Code

Mailing/Other address if different from home:

_____
PO Box/House #/Street Name Ste # City State Zip Code

3. Phone # _____ Business #_____ Cell #_____

4. Email address _____

PART 2. TO REQUEST A DUPLICATE OR CERTIFICATE OR NAME CHANGE
Make cashier check or money orders payable to the Arizona Board of Massage. **NO PERSONAL CHECKS**
Mail this completed form with money order or cashier to the address above.

1. Type of change requested. Choose all that apply:

____ Duplicate $25.00 ____ Wall Certificate $25.00 _____Optional include a photo

____ Name Change & Duplicate $25.00 ____Name Change only (This is the only request that can be faxed)

2. NAME CHANGE; Name changes require legal documentation showing the name change. A **PHOTOCOPY** of one of the following must accompany this form

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

3. Name Change From _____
Last First Middle

To _____
Last First Middle

Sign_____Date_____

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."

9/28/2011