

Arizona Board of Massage Therapy Duplicate / Change Request Form

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

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 after any change."

All changes need to be **SIGNED** by licensee. You can fax or mail this document print clearly.

Only money orders or cashier checks accepted mail in or drop off in person.

Type of change requested choose all that apply:

Duplicate \$25.00 Name Change only Business
 Name Change & Duplicate \$25.00 Physical Address Address
 Wall Certificate \$25.00 Phone # Change

Name _____ License # MT- _____

BE AWARE OF ADDRESSES YOU NEED TO CHANGE (HOME, BUSINESS, MAILING)

Indicate by checking the box which address you want posted on the Website: Home Business Other
Resident address: Will be public if no other address is given - PHYSICAL ADDRESS IS REQUIRED:

_____	_____	_____	_____	_____
Street address	Apt #	City	State	Zip code

Business Name _____	_____	_____	_____	_____
address	Ste #	City	State	Zip Code

Mailing/Other address if different from home:

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

Phone # _____ Business # _____ Cell # _____

NAME CHANGE

Name changes require legal documentation showing the name change. Please make sure that **PHOTOCOPY** of one of the following accompanies this form

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

Name Change;

From _____
Last First Middle

To _____
Last First Middle

Comments

Sign _____ Date _____

3/2/2010