



Bobby Jindal
GOVERNOR

LOUISIANA STATE BOARD OF MASSAGE THERAPY

CHANGE OF ADDRESS/STATUS FORM

FOR PROFESSIONAL LICENSE:

Name – FIRST MIDDLE LAST Professional License Number

Home Address City State Zip Phone

FOR PROFESSIONAL ADDITIONS:

Professional Location #1 – Name, Street Address, City, State, Zip, Phone (including area code)
(Post Office Box will not be accepted)

_____ SIGNATURE OF OWNER & DATE

Professional Location #2 – Name, Street Address, City, State, Zip Phone (including area code)

_____ SIGNATURE OF OWNER & DATE

Professional Location #3 – Name, Street Address, City, State, Zip Phone (including area code)

_____ SIGNATURE OF OWNER & DATE

TO REMOVE A PROFESSIONAL LOCATION: (please return each license removed):

(New license(s) will not be issued without old license being returned.)

Professional Location – Name, Street Address, City, State, Zip Phone (including area code)
(Any additional locations to be deleted, please use back of form.)

SIGNATURE OF LICENSEE

DATE

(Please use the reverse side of this form for additional locations.)

LBMT Form C1
10/04
(Previous editions unusable.)