



LOUISIANA STATE
BOARD OF MASSAGE THERAPY
12022 Plank Road Baton Rouge, LA 70811

2010
Professional License Renewal Form
(Make check payable to LSBMT)

RENEWAL FEE: \$125.00 LATE FEE: \$100.00 (postmarked after December 31, 2009)

Name – First Middle Last Professional License Number

Home Address – Street Address, City, State, Zip

1st Professional Location, Street Address, City, State, Zip- ***REQUIRED*** Phone (including area code)

SIGNATURE OF OWNER & DATE

ESTABLISHMENT NUMBER

2nd Professional Location, Street Address, City, State, Zip Phone (including area code)

SIGNATURE OF OWNER & DATE

ESTABLISHMENT NUMBER

3rd Professional Location, Street Address, City, State, Zip Phone (including area code)

SIGNATURE OF OWNER & DATE

ESTABLISHMENT NUMBER

SIGNATURE OF LICENSEE & DATE

**THIS FORM MUST HAVE ORIGINAL
SIGNATURES**

***REQUIRED* To receive a professional license for your home address, please list your home address as one of your professional locations.**