



**Louisiana Board of Massage Therapy**

9619 Interline Ave, Suite B

Baton Rouge, LA 70816

225-756-3488 [www.labmt.org](http://www.labmt.org)

**Request to Add or Remove a Professional Location  
Professional Licensee**

**KEEP A COPY OF FOR YOUR RECORD**

**Rule Chapter 29§2901(A)** requires notice to the board identifying all therapists working at an establishment. This form is to be used by Professional Licensees

**This notice must be made within 30 days of the occurrence.**

|                       |  |             |  |
|-----------------------|--|-------------|--|
| Therapist Name        |  | Therapist # |  |
| Contact Email Address |  |             |  |
| Phone Number          |  |             |  |

**Professional Location to Be Added**

|                       |  |                 |  |     |  |
|-----------------------|--|-----------------|--|-----|--|
| Establishment Name    |  | Establishment # |  |     |  |
| Establishment Address |  |                 |  |     |  |
|                       |  |                 |  |     |  |
| City                  |  | State           |  | Zip |  |

**Professional Location to Be Removed:**

|                       |  |                 |  |     |  |
|-----------------------|--|-----------------|--|-----|--|
| Establishment Name    |  | Establishment # |  |     |  |
| Establishment Address |  |                 |  |     |  |
|                       |  |                 |  |     |  |
| City                  |  | State           |  | Zip |  |

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**