



Louisiana Board of Massage Therapy
9619 Interline Ave, Suite B
Baton Rouge, LA 70809
225-756-3488
www.labmt.org

Request for Third Party Authorization

If you would like someone other than yourself to act as your representative, please complete this form in its entirety. The Board office will not speak to anyone on your behalf unless this form is completed. Once received the office will only speak to the person listed unless notified otherwise. Authorized agents will be required to include proof of Identification in the form of a government issued ID.

Name of License Massage Therapist, Establishment Owner or Individual Requesting Authorization:

Licensee Full Name			
License Number or Establishment Number if applicable		Last 4 digits of Social	

Applicant Address: Please Mail/Email All Correspondence to This Address: YES NO

Street				
Suite/Apt#		City		
State		Zip		
Email Address				

I understand that by requesting the below individual as my authorized agent, that it is my responsibly to understand all laws, rules and standards as regulated by the Louisiana State Board of Massage Therapy and that this information can be located at www.labmt.org for review.

Signature: _____ Date: _____

3rd Party/Authorized Agent information

Name			
Relationship to Requestor			

Authorized agent must Provide Copy of Government Issued Identification

Street				
Suite/Apt#		City		
State		Zip		
Email Address				
Phone Number				

Third Party Authorization

Authorized Agent Identification Attached: Yes

*Please be advised that I, (your name) _____ authorize (name of
authorized agent) _____ to act as an agent on my behalf. I also understand
that should this information change I will contact the board office for a request for removal.*

Requestor Signature: _____ Date: _____

Authorized Agent Signature: _____ Date: _____