



## LOUISIANA BOARD OF MASSAGE THERAPY

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### **CHANGE OF ADDRESS** **FOR PROFESSIONAL OR ESTABLISHMENT LICENSE** **PLEASE TYPE OR PRINT**

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Name – FIRST, MIDDLE, LAST OR ESTABLISHMENT      LICENSE NUMBER

#### **ADDRESS CURRENTLY ON FILE:**

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STREET NUMBER & NAME OR P.O. BOX      APT. OR STE. NUMBER

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CITY      STATE      ZIP

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EMAIL ADDRESS      PHONE

#### **NEW ADDRESS:**

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STREET NUMBER & NAME OR P.O. BOX      APT. OR STE. NUMBER

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CITY      STATE      ZIP

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EMAIL ADDRESS      PHONE

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SIGNATURE OF LICENSEE OR OWNER

DATE

***MUST BE SIGNED TO PROCESS CHANGE***