



**Louisiana Board of Massage Therapy**

9619 Interline Avenue, Suite B

Baton Rouge, LA 70809

225-756-3488 www.labmt.org

**Louisiana Change of Address Form – Professional License**

To Complete This Form Online Visit [www.LABMT.Org](http://www.LABMT.Org)

**DOCUMENTS SUBMITTED WITH THIS APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION AND ALL DOCUMENTS FOR YOUR RECORD.**

All locations where therapists regularly engage in the practice of massage therapy shall register with the board as a massage establishment

**No massage establishment shall operate without an establishment license.** A massage establishment shall employ or contract only licensed massage therapist to perform massage therapy.

**Notice Regarding Inspections:**

Licensed and Unlicensed Establishments. *A.* The board may make periodic inspections of all massage establishments, including licensed and/or unlicensed massage establishments. *B.* Such inspections may include, but need not be limited to, confirmation that the site is being utilized for massage therapy and a determination of whether the establishment is in compliance with the laws and rules governing the establishment's operation, facilities, personnel, safety, and sanitary requirements. *C.* Failure to cooperate with such inspections may lead to disciplinary action.

Date	
Professional License Number	

**PREVIOUS** Address

Address					
City		State		Zip	

**NEW** Address

Address					
City		State		Zip	

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_