



## LOUISIANA BOARD OF MASSAGE THERAPY

2645 O'Neal Lane, Bldg. C, Ste. E ♣ Baton Rouge, LA 70816  
225-756-3488 ♣ [www.labmt.org](http://www.labmt.org) ♣ 225-756-3493(FAX)

### **Form to Change Name on LMT License**

**Rule Chapter 29§2901(A) requires notice to the board of a name change. This form is to be used by licensed massage therapist if there has been any legal change in their name and a new name is to be reflected on their license. Notice of name change should be provided to the board within 30 days of occurrence.**

PLEASE TYPE OR PRINT

---

Current Name on file w/LBMT

---

Current License #

---

Full Legal Name to be changed to:

---

Email Address

---

Phone Number (including area code)

**\*\*Legal documentation of the name change or current updated Driver's License must be attached\*\***

I hereby certify that I am the person referred to on this form and that the information provided is true and correct to the best of my knowledge.

---

Signature

Date