



**LOUISIANA BOARD OF MASSAGE THERAPY**

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225-756-3488 ✦ [www.labmt.org](http://www.labmt.org) ✦ 225-756-3493 (FAX)

**LBMT016 - CHANGE OF ADDRESS FOR A PROFESSIONAL LICENSE**

Enter Information on Form and Print - OR - Print Blank Form and Type or Print Information

\_\_\_\_\_  
Name – FIRST, MIDDLE, LAST LICENSE NUMBER

ADDRESS CURRENTLY ON FILE:

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

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
EMAIL ADDRESS PHONE

NEW ADDRESS:

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

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
EMAIL ADDRESS PHONE

\_\_\_\_\_  
SIGNATURE OF LICENSEE DATE

***NOTE: Must be signed to process change.***