



**Louisiana Board of Massage Therapy**

9619 Interline Avenue, Suite B

Baton Rouge, LA 70809

225-756-3488 www.labmt.org

**Name Change Form for 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

**DOCUMENTS SUBMITTED WILL NOT BE RETURNED. KEEP A COPY FOR YOUR RECORD.**

Date	
Current Name on File	
License Number	
<b>Legal Name to be Changed</b>	
Email Address	
Phone Number	

**\*\*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: \_\_\_\_\_

