



**Louisiana Board of Massage Therapy**

9619 Interline Ave, Suite B

Baton Rouge, LA 70809

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

**Request to Add or Remove a Professional Location  
Professional Licensee**

**KEEP A COPY OF FOR YOUR RECORD**

**Rule Chapter 29§2901(A)** requires notice to the board identifying all therapists working at an establishment. This form is to be used by Professional Licensees

**This notice must be made within 30 days of the occurrence.**

Therapist Name		Therapist #	
Contact Email Address			
Phone Number			

**Professional Location to Be Added**

Establishment Name		Establishment #			
Establishment Address					
City		State		Zip	

**Professional Location to Be Removed:**

Establishment Name		Establishment #			
Establishment Address					
City		State		Zip	

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**