



NORTH CAROLINA BOARD of MASSAGE AND BODYWORK THERAPY

Mailing Address: PO Box 2539, Raleigh, NC 27602 Phone: 919.546.0050

Location Address: 150 Fayetteville Street, Suite 1900, Raleigh, NC 27601

Notification of Change Form

(Please complete form and mail to the above address)

Check All Changes That Apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Home Address | <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Business Address |
| <input type="checkbox"/> Home Telephone | <input type="checkbox"/> Business Telephone | <input type="checkbox"/> Business Name |
| <input type="checkbox"/> Email Address | <input type="checkbox"/> Name <i>(you must attach a copy of your marriage, divorce or legal change of birth name documents with this form. To receive a new certificate of license with your new name, you must submit the completed form and the \$25.00 duplicate license fee ((money order or cashiers check only)).</i> | |

Your NC License Number: _____

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Business Name: _____

Business Address: _____ City: _____

State: _____ Zip: _____ Business Phone: _____

Maiden Name (if applicable): _____

Previous Name (if applicable): _____

Signature

Date