Notification of Change Form

Mail completed form to:
NC Board of Massage and Bodywork Therapy
PO Box 2539
Raleigh, NC 27602

Check All Changes That Apply:

☐ Home Address
☐ Email Address
☐ Business Address
☐ Home Telephone
☐ Business Name
☐ Name — A copy of your marriage, divorce or legal name change document must be attached.
☐ Cell Phone
☐ Business Telephone

NC License Number: ________________

Last Name: ________________________ First: ________________ Middle: ________________________

*PRINT your name as you wish it to appear on your license (must be part of or your entire legal name)

Address: __________________________ City: ___________ State: ___________ Zip: ___________

Home Phone: ________________________ Cell Phone: ____________________________

Current Email Address (required): ________________________________________________

Business Name: ________________________________________________________________

Business Address: ___________________________ City: ___________ State: ___________ Zip: ___________

Business Phone: ___________________________ Business Website: ______________________

Maiden or Previous Name (if applicable): __________________________________________

I have enclosed a money order, cashier’s check or certified (bank) check for:

☐ New 8½” X 11” License Certificate - $25.00
☐ New Wallet-sized Card - $25.00

_________________________________________       ________________
Signature                                      Date

Revised 09.2018