



NORTH CAROLINA BOARD of MASSAGE & BODYWORK THERAPY

www.bmbt.org

Mailing Address: PO Box 2539, Raleigh, NC 27602 Phone: 919.546.0050
Physical Address: 150 Fayetteville Street, Suite 1910, Raleigh, NC 27601

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:

- | | | |
|---|---|---|
| <input type="checkbox"/> Home Address | <input type="checkbox"/> Email Address | <input type="checkbox"/> Business Address |
| <input type="checkbox"/> Home Telephone | <input type="checkbox"/> Business Name | <input type="checkbox"/> Name — A copy of your marriage, divorce or legal name change document must be attached. Submit the \$25 duplicate license fee (money order, cashiers check or certified bank check only) for a new certificate with your new name. |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> 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)*: _____

Signature

Date