

<u>MAILING ADDRESS:</u> PO BOX 2649 Harrisburg, PA 17105-2649	STATE BOARD OF MESSAGE THERAPY ra-massagetherapy@pa.gov (717) 783-7155 www.dos.pa.gov/massagetherapy	<u>COURIER ADDRESS:</u> 2601 North Third Street Harrisburg, PA 17110
REQUEST FOR CHANGE OF NAME AND/OR ADDRESS		
<ul style="list-style-type: none"> • FEE: To obtain a duplicate license reflecting the change of name and/or address, you must return this application and a \$5 fee (check or money order payable to the "Commonwealth of Pennsylvania.") • Without the \$5 fee, the change will be processed but no duplicate will be issued. • A processing fee of \$20 will be charged for any check/money order returned unpaid by your bank regardless of the reason for non-payment. 		

LICENSEE INFORMATION

PLEASE PRINT OR TYPE

LICENSEE'S NAME:	Last		First		Middle
LICENSE #:			TELEPHONE NUMBER:		
SOCIAL SECURITY #:			EMAIL ADDRESS:		
			DATE OF BIRTH:		

CHANGE OF NAME

You must submit a copy of a legal document verifying the name as it is currently listed in the Board's records and also provide the new name. The following are acceptable name change verification documents:

- (1) Marriage certificate;
- (2) Divorce decree which indicates the retaking of your maiden name;
- (3) Other "legal" document indicating the retaking of a maiden name;
- (4) For a "legal" name change, a copy of the court document must be provided

New Name

NEW NAME:	Last		First		Middle Initial
------------------	------	--	-------	--	----------------

CHANGE OF ADDRESS

OLD ADDRESS:					
	City		State		Zip Code
NEW ADDRESS:					
	City		State		Zip Code