



Department of Health

Maryland State Board of Massage Therapy Examiners

4201 Patterson Avenue, Suite 301

Baltimore, Maryland 21215

Office Main Telephone: 410-764-4738 • Office Fax: 410-358-1879

OFFICIAL NOTIFICATION OF CHANGE OF ADDRESS

Please type into this form or print all information.

This form is to be used to provide the Board with updated name and/or address changed information. Pursuant to Maryland law, written notification of name, address changes must be made to the Board within **60 days** of the applicable change.

CURRENT INFORMATION ON FILE WITH BOARD	NAME (FIRST, MIDDLE, LAST)	HOME PHONE:
	BUSINESS NAME (IF APPLICABLE)	CELL PHONE:
	STREET ADDRESS (If applicable, include Unit #, Apt.#, or Floor)	WORK PHONE:
	CITY STATE ZIP	FAX NUMBER:
	WHAT IS YOUR STATUS WITH THIS BOARD? (Check One) <input type="checkbox"/> LMT <input type="checkbox"/> RMP or <input type="checkbox"/> Applicant	
	WHAT DATE DID YOUR ADDRESS CHANGE? (Board may request documentation to the effect) ____/____/____	
	WHAT SPECIFIC ADDRESS ARE YOU REPORTING A CHANGE OF? <input type="checkbox"/> HOME RESIDENCE <input type="checkbox"/> BUSINESS <input type="checkbox"/> BOTH	

Please be advised that incomplete, inaccurate information or missing documentation may delay processing

NEW ADDRESS FOR RESIDENCE OR BUSINESS	NEW RESIDENCE/HOME STREET ADDRESS	HOME PHONE:
	CITY STATE ZIP	CELL PHONE:
	BUSINESS NAME	BUSINESS PHONE:
	BUSINESS STREET ADDRESS (If applicable, include Suite #, Floor, or Apt.#)	FAX NUMBER:
	CITY STATE ZIP	OWNER OF BUSINESS:
	I attest that the above statements are true to the best of my knowledge. I understand that any false or misleading information in This notification may be cause for denial or loss of licensure/registration and may result in criminal prosecution.	
	Signature:	Date:

FOR PROCESSING – PROVIDE A **COPY OF ONE** OF THE FOLLOWING DOCUMENTS WITH THIS OFFICIAL CHANGE FORM WHICH REFLECTS THE NEW ADDRESS. **CHECK WHICH DOCUMENT YOU ARE ENCLOSING?**

- MARYLAND DRIVER'S
- MARYLAND IDENTIFICATION CARD