



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

NOTIFICATION OF CHANGE OF ADDRESS

Please type or print all information. Pursuant to Maryland law § 6-305(d), written notification of name and/or address changes must be made to the Board within **60 days** of the applicable change. A \$100.00 penalty is assessed for failure to comply. Make check payable to the MD State Board of Massage Therapy Examiners.

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 LICENSE/REGISTRATION NUMBER: _____	
	WHAT DATE DID YOUR ADDRESS CHANGE? (Board may request documentation) ____/____/____ If longer than 60 days, include a \$100.00 check payable to the MD State Board of Massage Therapy Examiners.	
	FOR WHICH SPECIFIC ADDRESS ARE YOU REPORTING A CHANGE? <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> BOTH	

NEW ADDRESS FOR RESIDENCE OR BUSINESS	NEW HOME STREET ADDRESS	HOME PHONE:
	CITY STATE ZIP	CELL PHONE:
	BUSINESS NAME	BUSINESS PHONE:
	BUSINESS STREET ADDRESS (include Suite #, Floor, or Apt.#)	FAX NUMBER:
	CITY STATE ZIP	OWNER OF BUSINESS:
	<i>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.</i>	
	Signature: _____ Date: _____	

PROVIDE A COPY OF ONE OF THE FOLLOWING DOCUMENTS WITH THIS FORM WHICH REFLECTS THE NEW ADDRESS. CHECK WHICH DOCUMENT YOU ARE ENCLOSING.

- MARYLAND DRIVER'S
- MARYLAND IDENTIFICATION CARD

BOARD USE ONLY
Check Date: _____ Check Amt.: _____
Check Number: _____