



# NORTH CAROLINA BOARD of MASSAGE & BODYWORK THERAPY

[www.bmbt.org](http://www.bmbt.org)

4140 ParkLake Avenue

Suite 100

Raleigh, NC 27612

## Notification of Change Form

Mail completed form to:

NC Board of Massage and Bodywork Therapy

4140 ParkLake Avenue

Suite 100

Raleigh, NC 27612

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