



**Nevada State Board  
of Massage Therapists**

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**CHANGE OF ADDRESS FORM**

**CHECK ALL THAT APPLY**

MAILING ADDRESS       BUSINESS ADDRESS

<b>LICENSE NUMBER:</b>		
<b>LAST NAME:</b>	<b>FIRST NAME:</b>	
<b>PREVIOUS ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>

<b>NAME OF CURRENT EMPLOYER (IF CHANGED):</b>		
<b>CURRENT ADDRESS (OF MAILING OR BUSINESS, WHICHEVER IS APPLICABLE TO THE CHANGE):</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>TELEPHONE NUMBER:</b>		

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

Once completed, please mail, email or fax this form to the above listed address. By emailing the form, you are signing the form electronically.

Revised 01/04/12