



**Nevada State Board of Massage Therapy**

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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 or fax this form to the above listed address.