



**Nevada State Board of Massage Therapy**

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Email: [nvmassagebd@lmt.nv.gov](mailto:nvmassagebd@lmt.nv.gov)

Website: <http://massagetherapy.nv.gov>

**CHANGE OF ADDRESS**

Massage Therapist, Reflexologist or Structural Integration License #: \_\_\_\_\_

Licensee name (First and Last): \_\_\_\_\_

Physical Address  Mailing Address

Previous address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Previous Phone number: \_\_\_\_\_

New address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

New Phone number: \_\_\_\_\_

Employer  Business Address

Employer or Business Name: \_\_\_\_\_

Employer or Business Address: \_\_\_\_\_

Employer or Business Phone: \_\_\_\_\_

Email

New Email Address (if changed): \_\_\_\_\_

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

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

**Once completed, please mail or fax this form to the above listed address.**

Revised 9/27/2022