



NMRLD

NEW MEXICO
REGULATION &
LICENSING DEPARTMENT

MESSAGE THERAPY BOARD

2550 Cerrillos Road, Santa Fe, NM 87505
P. O. Box 25101, Santa Fe, NM 87504
Phone: (505) 476-4870
Website: www.rld.nm.gov

CHANGE OF NAME FORM

Any change of name requires that a replacement license or registration be issued.

If you are an Applicant for Licensure, check this box and provide the following:

- (1) A completed Name Change form.
- (2) A copy of the legal document (*marriage certificate, divorce decree or court order*).

If you are a Massage Therapy Instructor check this box

If you are a Massage Therapist, check this box.

The Board will issue a replacement license or registration upon receipt of the following:

- (1) A completed Name Change form.
- (2) A copy of the legal document (*marriage certificate, divorce decree or court order*).
- (3) The original license or registration that is to be replaced.
- (4) State here, for the record, why you are requesting a replacement license.

If you are requesting a replacement WALL LICENSE, in addition to the renewal license, please include an administrative fee of \$25.00 payable to the Board in the form of a check or money order.

Until and unless a name change is properly filed with the Board, you must continue to use the name inscribed on the license or registration when providing massage therapy services or providing instruction. Complete this form and submit it to the address listed above.

PREVIOUS NAME USED (as licensed or registered with the Board)

NEW NAME (Attach legal documentation)

RESIDENT MAILING ADDRESS - No. & Street/P. O. Box

CITY	STATE	ZIP CODE
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BUSINESS OR MESSAGE PHONE () -	HOME PHONE () -	E-MAIL ADDRESS
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LICENSE or REGISTRATION HELD & NO.
 Massage Therapist # - _____

SIGNATURE	DATE / /
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