



South Dakota Board of Massage Therapy

Location: 217 W Missouri Ave, Pierre, SD 57501

Mailing: 217 W Missouri Ave, Pierre, SD 57501

Phone: 605-773-3440

Fax: 605-773-7175

E-mail: massagetherapy@state.sd.us website: doh.sd.gov/boards/Massage/

NAME AND/OR ADDRESS CHANGE FORM

Please mail or e-mail this form to the address listed above.

| 1. NAME CHANGE REQUEST | | |
|--|--------|------|
| <i>To update your name information please submit proof of the name change to the Board so your massage license can be issued in your legal name. Proof of your name change can be provided by a copy of your marriage license, divorce decree or other legal documents noting the change</i> | | |
| License Number: | | |
| Former Name: | | |
| first | middle | last |
| New Name: | | |
| first | middle | last |
| Effective Date: | | |

| 2. ADDRESS CHANGE | | |
|-------------------|-------------------------------|--|
| Full Name: | | |
| first | middle | last |
| License Number | | |
| Address | | |
| City | State | Zip |
| Cell Phone | <input type="checkbox"/> None | Home Phone <input type="checkbox"/> None |

| 3. COMMUNICATION |
|--|
| <i>The Board uses e-mail to communicate with licensees. Please add a valid e-mail address.</i> |
| E-mail |

| 4. PRIMARY BUSINESS CHANGE | | |
|--|-------|--|
| Name of Primary Business | Phone | |
| Physical Address | | |
| Mailing Address | | <input type="checkbox"/> Same as above |
| City | State | Zip |
| Do you have another business address? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <i>If yes, please provide additional contact information on a separate sheet.</i> | | |

For Office Use Only:

Date Received: _____ By _____