



South Dakota Board of Massage Therapy

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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>		