

**ARKANSAS DEPARTMENT OF HEALTH  
 MESSAGE THERAPY SECTION  
 4815 WEST MARKHAM, SLOT #8  
 LITTLE ROCK, AR 72205  
 PHONE: (501) 683-1448  
 FAX: (501) 682-5640**

## Name Change/Address Change/Duplicate Request

**Required items:**

1. A check or money order for the \$10.00. Please note that the fee applies to each license you want to duplicate.
2. A legible copy of your driver's license or other form of government issued identification with current name and address

Type of change requested: (Choose all that apply)

Duplicate(s) Certificate \_\_\_\_\_  
 (Documentation Required & \$10.00)

Name Change & New License  
 (Documentation Required & \$10.00)

- Name Change Only     
  Phone Number     
  Physical/Mailing Address     
  Business Address

**Applicant Information:**

Last Name		First Name		Middle Name		License Number	
Residence Address			Apt #	City		State	Zip Code
Social Security Number		Date of Birth		Email Address			
Business Address			Suite #	City		State	Zip Code
Mailing Address			Suite/Apt #	City		State	Zip Code
Phone Number		Business Phone Number		Cell Phone Number		Fax Number	

**Name Change:**

Name changes require legal documentation showing the name change. Valid government issued photo identification is required. Please make sure that a Photocopy of the following accompanies the request:

1. Copy of state issued driver's license with current name and address; or
2. Other form of government issued identification with current name and address.

From: \_\_\_\_\_  
           Last Name                      First Name                      Middle Name

To: \_\_\_\_\_  
           Last Name                      First Name                      Middle Name

***You must return your current license for a new license to be issued in your new name.***

By signing this form, I certified that the information provided is correct to the best of my knowledge. Further, I understand that false statements will be sufficient grounds for the Massage Therapy Technical Advisory Committee to take disciplinary action.

<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>
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