



Louisiana Board of Massage Therapy
9619 Interline Ave
Suite B
Baton Rouge, LA 70809
225-756-3488
www.labmt.org

Request for Third Party Authorization

If you would like someone other than yourself to act as your representative in the licensure process for this application, please complete this form in its entirety. The Board office will not speak to anyone on your behalf unless this form is completed. Once received the office will only speak to the person listed unless notified otherwise.

Name of License Massage Therapist, Establishment Owner or Individual Requesting Authorization:

Full Name			
License Number or Establishment Number - if applicable		Last 4 digits of Social	

Authorization Approval For: Professional License: Establishment License: Both:

Applicant Address: Must match address on application or what is on record with the LBMT

Street				
Suite/Apt#		City		
State		Zip		
Email Address				

I understand that by requesting the below individual as my authorized agent, that it is my responsibly to understand all laws, rules and standards as regulated by the Louisiana State Board of Massage Therapy and that this information can be located at www.labmt.org for review.

Signature: _____ Date: _____

Third Party/Authorized Agent information

Name			
Relationship to Requestor		Date of Birth	

Street				
Suite/Apt#		City		
State		Zip		
Email Address				
Phone Number				

Third Party Authorization

I, (Name of Licensee or Business Owner) _____ authorize (Name of authorized agent) _____ to act as an agent on my behalf.

As the **licensee or business owner** I understand the following:

(Authorized Agent Name) _____ will act as my representative on all matters with the Louisiana Board of Massage Therapy until the office is notified in writing that the agent is to be removed.

Requestor Signature: _____ Date: _____

Authorized Agent Signature: _____ Date: _____

Office Use Only:

Date Approved: _____

Date of Notification Termination: _____