



## LOUISIANA BOARD OF MASSAGE THERAPY

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225-756-3488 ☘ [www.labmt.org](http://www.labmt.org)

### Duplicate Professional License Request

(Only money orders or cashier's check payable to LBMT accepted)  
FEE: \$25.00

**Enter Information on Form and Print - OR - Print Blank Form and Type or Print Information**

\_\_\_\_\_  
Name – First                  Middle                  Last

\_\_\_\_\_  
Professional License Number

\_\_\_\_\_  
Home Address -Street                  City                  State                  Zip

\_\_\_\_\_  
Email Address                                  Cell Phone                                  Home Phone

Which location would you like the duplicate license for?

\_\_\_ Home

\_\_\_ Professional Location - \_\_\_\_\_  
   Establishment Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City    State    Zip

\_\_\_\_\_  
Signature of Licensee    Date