



Louisiana Board of Massage Therapy

2645 O’Neal Lane, Bldg. C, Ste. E 🌸 Baton Rouge, LA 70816 🌸 225-756-3488

www.labmt.org

PROFESSIONAL LICENSE REGISTRATION

First Year Pro-rated Fee - April – June \$125.00; July – September \$93.75, October – December \$62.50,
January – March \$31.25 – **Money Order or Cashier’s Checks Only**

Please *Print* or *Type* Information on Form
All incomplete forms will be returned.

Date: _____

Name: _____
First Middle Last

Physical Address: _____
Street

City State Zip

Mailing Address: _____
Street/P.O. Box

City State Zip

Home Phone:(____) _____ **Cell Phone:**(____) _____

Email Address: _____

Name of Professional Location #1 _____

If you have no other address at which you are working, please put your home address in Professional Location #1.

Street Address (Post Office box not acceptable.)

City State Zip

Phone

Name of Professional Location #2: _____

Street Address (Post Office box not acceptable.)

City

State

Zip

Phone

Name of Professional Location #3: _____

Street Address (Post Office box not acceptable.)

City

State

Zip

Phone

If there are any additional locations, please attach a second sheet.

Signature

Date