



South Carolina Department of Labor, Licensing and Regulation
South Carolina Office of Massage/Bodywork Therapy

110 Centerview Dr. • Columbia • SC • 29210
 P.O. Box 11329 • Columbia • SC 29211-1329
 Phone: 803-896-4588 • BoardInfo@llr.sc.gov • Fax: 803-896-4484
www.llr.sc.gov/POL/MassageTherapy/



PERSONAL NAME / ADDRESS CHANGE / DUPLICATE LICENSE FORM

Personal Name Change (\$10 Fee & Legal Documentation required- (marriage license, divorce decree, etc)

Complete Sections 1, 3, 4 and 5- **DO NOT SEND CASH**

Personal Address Change - No Fee Required

Complete Sections 1, 2, 4 and 5

Duplicate License (\$10 Fee) Reason for Duplicate _____

Complete Sections 1, 4 and 5- **DO NOT SEND CASH**

All fees are non-refundable. A returned check fee in the amount of \$30, or an amount specified by law, may be assessed on returned funds.

Please Print – (Complete In Ink)

1. Name* As currently shown on South Carolina Massage License- Legal Name

First Middle Last

South Carolina License Number (MAS) _____

Date of Birth ____/____/____ **Social Security Number (Last 5-digits only) XXX-X** _____

2. FORMER ADDRESS

PHYSICAL ADDRESS*:

*Required

Street City State Zip Code

MAILING ADDRESS:

Street / PO Box City State Zip Code

3. NEW LEGAL NAME (Attach name change documents – marriage license, divorce decree, etc.)

First Middle Last

4. NEW / CURRENT ADDRESS – No Fee Required for Address Change

PHYSICAL ADDRESS*:

*Required

Street City State Zip Code

MAILING ADDRESS:

Street / PO Box City State Zip Code

Telephone Number (_____) _____

5. Signature of Licensee: _____ **Date:** _____

You may change your address online by logging in at <https://eservice.llr.sc.gov/SecurePortal/Login.aspx>