TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 · Austin, Texas 78711-2157

www.tdlr.texas.gov

MASSAGE THERAPY SCHOOL NAME CHANGE APPLICATION

1. Current School Name:	2. Application Fee (Non-Refundable): $25.00
3. New School Name:	4. License Number:

5. School Mailing Address and Contact Information:

_____

Number, Street Name, Suite Number/Apartment Number   City, State Zip Code

_____   _____   _____

Contact Person Name   Email Address   Phone Number

Please Note: Provide a copy of the legal document authorizing the name change of the school.

An application is not considered complete and will not be processed until all sections of the application have been completed and all documents have been received. Applications are processed in the order received. Our division cannot specify the length of time it will take to approve an application. During the application review process, you will be notified in writing of any discrepancies/requirements not met.

SEND YOUR COMPLETED APPLICATION TO:
Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

For additional information and questions, please visit the [Texas Department of Licensing & Regulation web page](#) or reach the [Education and Examination Division via web form](#) where you can submit your request for assistance and include attachments as needed.

STATEMENT OF APPLICANT

By signing this application, I certify all information submitted on this application is true and accurate. I certify that I will comply with all applicable provisions of the Texas Occupation Code, Chapters 51, and 455; Texas Administrative Code, Title 16, Chapter 60 and the Massage Therapy Administrative Rules, Texas Administrative Code, Title 16, Chapter 117. I understand that providing false information on this application may result in revocation of our license or the approval being requested and the possible imposition of administrative penalties.

_____

Printed Name of Owner, Corporate Officer or Authorized Representative

_____   _____

Signature of Owner, Corporate Officer or Authorized Representative   Date

TDLR Form MAS102N rev January 2025