



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157
education@tdlr.texas.gov • www.tdlr.texas.gov

MESSAGE SCHOOL CHANGE OF LOCATION APPLICATION INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR NON-REFUNDABLE CHECK OR MONEY ORDER. APPLICATION MUST BE APPROVED BEFORE SCHOOL CAN MOVE TO THE NEW LOCATION. NO COURSE WORK CAN BE PROVIDED AT THE PREVIOUS LOCATION ONCE THE NEW LOCATION HAS BEEN APPROVED.

1. SCHOOL NAME – Indicate the legal name of the school which must be used in all advertisements.
2. APPLICATION FEE – \$300.00
3. NEW SCHOOL PHYSICAL ADDRESS – Submit the physical address of the new location being applied for.
4. NEW SCHOOL MAILING ADDRESS – Indicate the mailing address of the new location being applied for. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently. Enter the business phone number, fax number (optional), email address and website address. This is the address the Department will mail all correspondence, a post office box is acceptable. NOTE: When you provide your email address you agree to the following Email Disclosure Statement: "By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law."
5. SCHOOL DIRECTOR – Indicate the director's name and email address who is the responsible party for the school's day to day operations. "By providing the email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update the email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law." The director is responsible for the educational program, the organization of classes, the maintenance of the physical location and the instructional site(s), the maintenance of proper administrative records and all other procedures related to the administration of the education program. The director must be available during scheduled inspections.
6. PREVIOUS MAIN LOCATION ADDRESS AND LICENSE NUMBER – Provide the address and license number of the previous "main" instructional location.
7. STATEMENT OF APPLICANT – Carefully read the statement before dating and signing your application. The application must be signed by the owner and/or officer of the school. Be sure to print name, sign, and date the application.

THE FOLLOWING MUST BE SUBMITTED WITH THE APPLICATION AND APPROVED PRIOR TO INSPECTION:

- A completed application
- Provide proof of ownership of the building or a signed lease agreement for the first twelve months of operation.
- A detailed floor plan which illustrates adequate space and equipment to provide training to enrolled students
- An inventory list detailing equipment in the facility
- The required application fee of \$300.00

INSPECTION INFORMATION:

- Inspections will not be performed until all requirements are met.
- An email regarding the inspection process will be sent along with the inspection request form.
- If the school passes inspection the report will be entered in the data base and the license will issue.
- If the school did not pass inspection, the inspector will go over the requirements to pass the inspection. Once the items that are listed on the inspection report have been corrected, you will be required to provide documentation showing the items have been corrected.
- Schools may not move students to the new location until the inspection has been passed.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157



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1. School Name:

2. Application Fee:

\$300.00

3. New Physical Address: (P.O. BOX is not allowed)

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

4. New Mailing Address:

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

School Email Address

School Phone Number

School Fax Number

5. Director Contact Information:

Last, First, Middle Name, Suffix (Jr. Sr. III)

Phone Number

Email Address

6. Previous Main Location Address and License Number:

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

License Number

7. STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable laws and rules of the Massage Therapy Program including Texas Occupations Code, Chapters 51 and 455; and administrative rules under 16 Texas Administrative Code, Chapters 60 and 117. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

Printed Name of Owner, Officer or Authorized Representative

Title

Signature of Owner, Officer, or Authorized Representative

Date