



Texas Department of Licensing and Regulation
PO Box 12057 ● Austin, Texas 78711- 2157
(800) 803-9202 ● (512) 463-6599 ● FAX (512) 463-1512
www.tdlr.texas.gov education@tdlr.texas.gov

Massage School Change of Instructional Location Application Instructions

**AN APPLICATION IS NOT CONSIDERED COMPLETE AND WILL NOT BE PROCESSED
UNTIL ALL SECTIONS OF THE APPLICATION HAVE BEEN SUBMITTED.**

The application must be completed and signed by the applicant. All information provided must be typed or printed in black ink. This application must be submitted on single-sided, 8½" x 11" paper. Please use a paperclip to fasten all pages together, with check or money order on top. **Please do not use staples.**

1. **Name of Massage School-** Enter the current name of the massage school.
2. **Name of Training Program-** Enter the name of the training program.
3. **Phone Number-** Provide the telephone number, including the area code.
4. **Fax Number-** Provide the fax number, including area code.
5. **Email Address of the School-** Enter the email address of the school. Email addresses are part of the key information required to transact business with TDLR. Your email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
6. **New Location Physical Address-** Provide the physical address of the new location being applied for.
7. **New Location Mailing Address-** Provide the mailing address of the new location being applied for.
8. **Name of Director For Location-** Provide the director's name and contact information. 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.

Email addresses are a part of the key information required to transact business with TDLR. Your e-mail address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
9. **Previous Main Location Address and License Number-** Provide the address and license number of the previous "main" instructional location.
10. **List Director Designee(s)-** List the individual(s) that will perform the function of the director when the director is unavailable. Designee(s) must also be available for scheduled inspections if the director is unavailable.
11. **Certifying Statement/Signature-** Application must be signed by the owner, officer, director, or other authorized representative of the school. Be sure to print name, sign, and date the application.

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 does not pass inspection the inspector will go over with you what is required to pass inspection. Once you have corrected the items stated on the inspection report you will need to provide documentation and/or picture(s) of the requirements that have been corrected. Corrections can be sent by regular mail or emailed to Education@tdlr.texas.gov or faxed to (512)463-1512 Attn: Education (Include the name of the school).

Schools may not begin their educational program until the inspection has been passed and the license has been received.

The following must be submitted along with the application, and approved prior to inspection.

- Signed Lease agreement
- Detailed floor plan
- Inventory list detailing equipment in the facility
- Fee of \$300 as required under Section 117.100(d)(4) of the Massage Therapy Administrative Rules

SUBMIT THE APPLICATION, SUPPORTING DOCUMENTATION AND NON-REFUNDABLE APPLICATION FEE OF \$300.00 (payable to TDLR) TO:

**TDLR
PO BOX 12157
AUSTIN, TX 78711**

9. Previous Main Location Address and License Number:

License Number: _____

Number/Street Name City State Zip Code

10. List Director Designee(s)

Name Title

Name Title

Name Title

Name Title

Certifying Statement

I certify that I have read and will comply with all applicable provisions of the Massage Therapists Act, Texas Occupations Code; Chapter 455: and 16 Texas Administrative Code; Chapter 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.

Signature of Owner, Officer, or Authorized Representative

Date