Nevada State Board
of Massage Therapists

1755 E. Plumb Lane Suite 252
Reno, NV 89502
Phone (775) 687-9955
Fax (775) 786-4264

Email: nvmassagebd@state.nv.us
Website: http://massagetherapy.nv.gov

DUPLICATE LICENSE AFFIDAVIT

*Please print the information below in CAPITAL letters and use blue or black ink only:

DATE: _____ License # NVMT _____

NAME: _____
First Middle Initial Last

HOME ADDRESS: _____
Street Address Include Apartment or Suite #

_____
City State Zip Code

If changing your name, please submit copy of legal proof.

1. Requires 1 current passport sized photo taken within 6 months.
2. Complete, sign and have this affidavit notarized
3. Send a MONEY ORDER or CASHIER'S CHECK for $45.00
4. Send a copy of your current Driver's License.
5. Send a copy of your current massage license.

AFFIDAVIT FOR DUPLICATE LICENSE

STATE OF _____)
COUNTY OF _____)

_____, affiant, being first duly sworn deposes and says; That he/she was last licensed
(FULL NAME OF LICENSEE)
by the Nevada State Board of Massage Therapists for the year of 20____/20____; and that the aforementioned license or renewal application
Issued by the board was _____
(NAME CHANGE, ADDRESS CHANGE, LOST, MISPLACED, DESTROYED, OR STOLEN)
by affiant, and after diligent search affiant has been unable to locate the aforementioned license or renewal application; that affiant does not know the location of the aforementioned license or renewal application; that affiant has not at any time given, loaned or transferred the aforementioned license or renewal application to any other person or firm for any purpose whatsoever; that affiant has not at any time allowed any person or firm to work under the aforementioned license; that affiant now desires the board to issue a duplicate license to replace or renew the aforementioned license or renewal application; that affiant has been advised that the Nevada State Board of Massage Therapists has determined that a false affidavit in application for a duplicate license or renewal of a license by a licensee of the board is grounds for revocation of any license issued by the board; and that if the aforementioned license or renewal application is found by affiant, affiant will immediately return it to the main office of the Nevada State Board of Massage Therapists by registered mail.

_____
Signature of Licensee

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public's Signature: _____

CHILD SUPPORT INFORMATION

Please mark the appropriate response (**failure to mark one of the three will result in denial of the application/renewal**):

☐ I am **not** subject to a court order for the support of a child.

☐ I **am subject to** a court order for the support of one or more children **and am in compliance** with the order or **am in compliance** with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

☐ I **am subject to** a court order for the support of one or more children **and am NOT in compliance** with the order or **am NOT in compliance** with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Licensee's Social Security number: _____ Date: _____

Signature of Licensee: _____

Pursuant to NRS 640C.430 "An applicant for the issuance or renewal of a license as a massage therapist shall submit to the Board the statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to NRS 425.520. The statement must be completed and signed by the applicant."

Pursuant to NRS 640C.700.1 "Grounds for Disciplinary action. Has submitted false, fraudulent or misleading information to the Board or any agency of this State, any other state, a territory or possession of the United States, the District of Columbia or the Federal Government;