

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

VERIFICATION OF LICENSURE

Place of Birth I hold a license as a MASSAGE THERAPIST and my license number is NVMT. Other names I have used are: Enclose a \$10.00 fee in the form of a MONEY ORDER or CASHIER'S CHECK ONLY made payable to Nevada State Board of Massage Therapists. (NSBMT) Mail this form to: NSBMT 1755 E. Plumb Lane Suite 252 Reno, NV 89502	DATE:			
The following is information needed to properly insure that your records are pulled to obtain the certification: Full name: First Middle Last Current address: Street Address Apt # City State Zip Birth date: Phone #: () Social Security #: Place of Birth I hold a license as a MASSAGE THERAPIST and my license number is NVMT. Other names I have used are: Enclose a \$10.00 fee in the form of a MONEY ORDER or CASHIER'S CHECK ONLY made payable to Nevada State Board of Massage Therapists. (NSBMT) Mail this form to: NSBMT 1755 E. Plumb Lane Suite 252 Reno, NV 89502	I am requesting a certif	fication of my licensing records	to be sent to the State of	
Current address: Street Address Apt #	At the following	ng address:		
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Current address: Street Address		ation needed to properly insure	that your records are pulled t	o obtain the
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Circustum.	175	55 E. Plumb Lane Suite 252		
Signature: Date:	Signature:		Date:	