

<u>REPLACEMENT/DUPLICATE LICENSE AFFIDAVIT</u>

*Please print the information below in blue or black ink only:

DATE:					License #																																	
NAME:																														Т	Τ				Τ			
First							Middle Initial											Last																				
HOME	F									_				_			_									-	_											
ADDRES	SS:																																					
Street Address							Include Apartment or Suite #																															
City							State								Zip Code																							
													4.	Send a copy of your current Driver's License.																								
2. Co																																						
3. Send a MONEY ORDER or CASHIER'S CHECK for \$50.00.											*	If	If changing your name, please submit all pages of																									

AFFIDAVIT FOR DUPLICATE LICENSE

affiant, being first duly sworn deposes and says, that he/she was last licensed

marriage certificate or divorce decree.

(FULL NAME OF LICENSEE)

by the Nevada State Board of Massage Therapy 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 Therapy has determined that a false affidavit in application for a duplicate license or renewal of a license by a license 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 Therapy by registered mail.

Signature of Licensee

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.

	T	C (1) (C	1 *1 1		······································		·.1 1
	I am subject to a court orde	er for the support of oi	ie or more childr	en and am in	compliance with the orde	er of am in compliance '	with a plan
_					r	r	rear and the present
		.1 1.11	c ·	1 0 1			

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 <u>NOT</u> in compliance with the order or am <u>NOT</u> 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.

Signature of Licensee:

Date:

Pursuant to NRS 640C.430(1) 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;