



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: [nvmassagebd@state.nv.us](mailto:nvmassagebd@state.nv.us)

Website: <http://massagetherapy.nv.gov>

VERIFICATION OF LICENSURE

DATE: \_\_\_\_\_

I am requesting a certification of my licensing records to be sent to the State of \_\_\_\_\_

At the following address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 Therapy. (NSBMT)

Mail this form to: NSBMT  
1755 E. Plumb Lane Suite 252  
Reno, NV 89502

Signature: \_\_\_\_\_ Date: \_\_\_\_\_