



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

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: _____