

## **Nevada State Board of Massage Therapy**

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## Petition for Advisory Opinion

Applicant/License	e:	Date:	
Address:			
City:	State:	Zip:	
Phone:	Fax:	email:	
To petition the Nev NAC Chapter 640C	_	erapy for an advisory opinion rega	rding NRS &
	larification of the following statu	_	
•	llar aspect thereof to which the r additional space, you may attac	h separate pages to the petition fo	orm
(State clearly and c	nature of this request is as follow oncisely petitioner's question.) additional space, you may attac	ws: h separate pages to the petition fo	orm
(Please submit any	additional supporting document	ation with the petition form)	
	nt/licensee requests that the Ne in advisory opinion in this matter	vada State Board of Massage The	rapy grant this
Signature:		Date:	