



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@lmt.nv.gov

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 information is needed to properly ensure 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, Reflexologist or Structural Integrationist and my license number is: _____

Other names I may have used:

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

Signature: _____ Date: _____