

**NEVADA STATE BOARD OF MASSAGE THERAPY**

**AGENDA ACTION SHEET**

**TITLE:** Application Review (Education and Administrative)

**MEETING DATE:** March 30, 2022

**APPLICANT:** Brian A. Bird

**REVIEW UNDER:** NRS 640C.700

**BACKGROUND INFORMATION:**

Mr. Bird's massage application is before you today for review that could not be approved administratively. Mr. Bird was arrested on January 18, 1996, for criminal mischief and criminal endangerment by Billings Police Department with a conviction of assault with a sentencing term of suspended sentence of six (6) months; January 4, 1992, obstructing a peace officer or other public servant by Billings Police Department; July 29, 2000; for one count of battery by San Diego Sheriff's Office with a conviction of assault with a sentence term of 3-year probation with fines; and was cited by NSBMT for advertising without a license on March 16, 2020. Mr. Bird is requesting to be granted a license under NRS 640C.580 and is before you today for review under NRS 640C.700.

**ACTION:**

Approved

Probation – NRS 640C.700(3)

Denied - NRS 640C.700(3)

Tabled

**PROBATION CONDITIONS: Per NRS 640C.710 Options for Respondent:**

<input type="checkbox"/> A. Report all contact with law enforcement personnel within 48 hours after such contact occurs.	<input type="checkbox"/> B. Refrain from providing outcall services.
<input type="checkbox"/> C. Submit employment offers to the staff of the Board for review and approval.	<input type="checkbox"/> D. Submit to a random drug test at respondent's expense.
<input type="checkbox"/> E. Complete an ethics course of _____ CEU hours within 90 calendar days of licensure.	<input type="checkbox"/> F. Submit to the Board a complete set of Fingerprints bi-annually/annually at licensee's expense.
<input type="checkbox"/> G. Take any other action that the Board deems appropriate -	

**Required for Respondent:**

Cooperate fully with Board staff to administrate term of probation.	Responsible for all administrative fees incurred by the Board as a result of their probation compliance
Attend Probation Orientation	Comply with all laws governing massage therapy
Notify any change in address, phone number, establishment or employment to the Board office within 10 calendar days per NAC.640C.085(3)	Take any combination of the actions set forth in paragraphs (a) through (g), inclusive.

Board Meeting Application review: Brian A. Bird:

**3/16/2020:** Cited by NSBMT for advertising without a license. Issued a fine of \$1,000.00 plus fees of \$150.00. Fine/fees were paid 2/4/2021. See attached packet for documents.

**07/29/2000:** Arrested by San Diego Sheriff's Office for 1 count of battery/spouse/ex-spouse/date/etc.

Disposition on background indicates: Charge 1: count of battery was dismissed with a convicted charge of PC Battery. Was to serve 3-year probation with jail or fines.

**1/4/1992:** Arrested by Billings Police Department for Obstructing Peace officer or other public servant.

No disposition listed on background.

**1/18/1996:** Arrested by Billings Police Department for criminal mischief, criminal endangerment.

Disposition on background indicates: Charge 1: criminal mischief was deferred with an imposition of sentence for 2 years; Count 2 was amended; Count 4 (amended Count 2 charge) was convicted on 7/24/1996 of Partner/family member assault with a suspended sentence of 6 months.

**NRS 640C.700 Grounds for refusal to issue license or for disciplinary action.** The Board may refuse to issue a license to an applicant, or may initiate disciplinary action against a holder of a license, if the applicant or holder of the license:

3. Has been convicted of a crime involving violence, prostitution or any other sexual offense, a crime involving any type of larceny, a crime relating to a controlled substance, a crime involving any federal or state law or regulation relating to massage therapy, reflexology or structural integration or a substantially similar business, or a crime involving moral turpitude;

Prepared by Tereza Van Horn, Executive Assistant



# Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

**Application:** License Application  
**Application Number:** OL210805050237

**Fee:** \$30.00

## APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Massage Therapy with at least 550 hours? :  Yes  No
2. Did you take and pass the National Exam (NESL, NCETM, NCETMB, MBLX, IASI, ITEC, ARCB, IIR and NCBTMB-R)? :  Yes  No

## Section 1 : Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE - no profile
- Must be taken against a solid white background
- We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

**Application Type :**  **Massage Therapist**  **Structural Integration**  **Reflexology**

### Applicant Name

**Last Name :** BIRD  
**First Name :** BRIAN  
**Middle Name :** A.



List all legal names previously or currently being used by you :

No record found.

### Mailing address :

**Street :** \_\_\_\_\_  
**City :** \_\_\_\_\_ **State :** \_\_\_\_\_ **Zip :** \_\_\_\_\_

**Residence address (if different than the mailing address) :**  Same as mailing address

**Street :** \_\_\_\_\_  
**City :** \_\_\_\_\_ **State :** \_\_\_\_\_ **Zip :** \_\_\_\_\_

**Social Security Number :** \_\_\_\_\_ **Date of Birth :** \_\_\_\_\_  
**Place of Birth :** \_\_\_\_\_ **Gender :**  Male  Female  
**Home/Cell Phone :** \_\_\_\_\_

Indicate the appropriate selection; which address you would prefer to be public knowledge.

Home  Mailing  Business

**Do you want to be excluded from the public mailing list? (Select one - You will still receive Board**

notifications)

Yes  No

**Section 2 : Child Support Information (Pursuant to NRS 640C.430)**

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- I am NOT SUBJECT to a court order for the support of a child.
- I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am 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.
- I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT 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.

**Section 3 : Previous Licensure Information**

**Previous Licensure :**

List all jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexology or Structural Integrationist.

Check here if you have never been licensed in any state jurisdiction.

Licensure information is not required because you have checked "Sign off from Local jurisdiction to follow".

**Section 4 : Training and Education**

**Training :**

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
THE BODHI TREE CENTER	CARSON CITY	2020 - 2021	650

**Transcript(s)**

Document Name	User Defined Document Name	Document Link
OL2108 05 05 02 37 169737-Transcript .pdf	THE BODHI TREE CENTER-TRANSCP	<a href="#">Document Detail</a>

**Section 5 : National Exam**

Exam Taken	Where Taken	Date Taken
MBLEX	RENO, NV	04/02/2021

National Exam Status :

Date Received :

Score Report Received

Document Name	User Defined Document Name	Document Status
210805050237-168244-ScoreReportCard.jpg	MBLEX	Pass



## Section 6 : Application Screening Questions

Please review the information you provided on this page carefully before submitting. Once saved and submitted, this cannot be changed.

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?

Yes  No

If yes, add the disciplinary actions below.

No record found.

2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.

Yes  No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

Yes  No

If Yes, please explain in below textbox :

4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license:

- (a) Made sexual advances toward the person;
- (b) Requested sexual favors from the person; or
- (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;

Yes  No

If yes, fill in the following with complete and accurate information for each accusation or arrest:

No record found.

## Fingerprint Background Waiver

### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by the **Nevada State Board of Massage Therapy** that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

**16.34 - Procedure to obtain change, correction or updating of identification records.** If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed

the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.  
In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

**Last Name :** BIRD

**First Name :** BRIAN

**Middle Name :** A.

**Street :**

**City :**

**State :**

**Zip :**

**Date :** 9/10/2021

**Submitting Agency :** Nevada State Board of Massage Therapy

**Address :** 1755 E. Plumb Ln. Suite 252, Reno, NV 89502

#### VETERAN

The Nevada State Board of Massage Therapy is required by State Law to report veteran information annually. If this section applies to you, please complete the following information.

Have you ever served in the military:  Yes  No

Branch(es) of Service: (Check all that apply)

- Army/Army Reserve
- Marine Corps/Marine Corps Reserve
- Navy/Navy Reserve
- Air Force/Air Force Reserve
- Coast Guard/Coast Guard Reserve
- National Guard

**Military Occupation Speciality/Specialities:**

**Date(s) of Service:** From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

#### Affidavit of Applicant / Authorization of Release

I, **BRIAN BIRD** certify that I am the person described and identified in this application;  
I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.  
I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for any crime involving violence, prostitution or any other sexual offense.

I authorize all institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application. I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : Brian Bird

Date : 9/10/2021

### Upload

**Have you uploaded a current passport quality photo?**

**Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?**

Yes  No

**Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?**

Yes  No

**Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?**

Yes  No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User	Defined Document Name
Transcript	OL210805050237-169737-Transcript.pdf	THE BODHI TREE CENTER-	TRANSCP
Certificate of Completion	OL210805050237-169736-Certificate-of-Completion.pdf	THE BODHI TREE CENTER-	DIPL
Photo	13687-169406-BIRD, BRIAN.jpeg		
Score Report Card	210805050237-168244-ScoreReportCard.jpg	MBLEX	
Social Security Card	MI210805045836-168243-Social-Security-Card.pdf	SS	
Government Issued ID Card	MI210805045836-168242-Government-Issued-ID-Card.pdf	DL EXP: 06/2029	

### Application Fees

**All fees are non-refundable.**

### Fee Detail(s)

### Payment Detail(s)

Payment Method:

Amount Paid:



# The Bodhi Tree Center

3107 N. Daer Run Rd., Suite 6 Carson City NV 89701

775-884-1145 John Thorpe, RCST®, BCST, BCTMB, LMT, FSL, Administrative Director

## OFFICIAL SCHOOL - Student Transcripts

8/10/2021 8:41:43 AM

20-209

**Brian Bird**

*The following package includes the OFFICIAL TRANSCRIPTS for the "Basic Massage Program". This Transcript is not OFFICIAL unless the first and last pages are signed by an authorized signature.*

John M. Thorpe, Director:





# The Bodhi Tree Center

3107 N. Deer Run Rd., Suite 6, Carson City NV 89701 - NCBTMB# 450816 775-884-1145

John M Thorpe, RCST®, BCST, BCTMB, LMT, FSL, Administrative Director

## OFFICIAL SCHOOL - Student Transcripts

8/10/2021 8:40:57 AM

20-209

**Brian Bird**

Graduation Date: August 10th, 2021

Clinical Massage Hours: 105.50 Class Hours: 559

**GRADUATED**

### Acupressure

ACU-102	Basic Acupressure Techniques	12
ACU-103	Intermediate Acupressure	12
		24

### Anatomy & Physiology

AP-001	General Introduction to Anatomy & Physiology	12
AP-003	Skeletal System	12
AP-004	Muscular System	6
AP-005	Cardiovascular System	6
AP-006	Lymphatic & Immune System	3
AP-007	Respiratory System	9
AP-008	Nervous System - Overview	6
AP-009	Central Nervous System	6
AP-010	Peripheral Nervous System	6
AP-013	Digestive System	6
AP-014	Metabolism	3
AP-015	Endocrine System	3
AP-019	Anatomy & Physiology Review	3
AP-020	Reproductive System	3
		84



### Business of Massage

BUS-102	Business of Massage	21
		21

### Craniosacral Therapy - Biodynamic

HOT-120	Biodynamic Craniosacral Therapy	18
		18

### Energy-Medicine Healing

ALT-301	Quantum Light Energy-Medicine Healing	18
		18

### Ethics of Massage

BUS-101	Ethics of Massage	21
		21

### Fascia-Based Therapies

HOT-219	Fascial Freedom Therapy	24
HOT-323	Spinal Mobilization Massage	6
HOT-324	Fascial Freedom Cupping Massage w/Silicone Cups	12
		42

20-209

The Basic Massage Program is a 650 Hour program. Consisting of 550 Classroom Hours and 100 Practical Massage Hours.





# The Bodhi Tree Center

3107 N. Deer Run Rd., Suite 6, Carson City NV 89701 - NCBTMB# 450815 775-884-1145

John M Thorpe, RCST®, BCST, BCETMB, LMT, FSL, Administrative Director

## OFFICIAL SCHOOL - Student Transcripts

8/10/2021 8:40:57 AM

### Hands On Techniques

BST-101	Accelerated Soft Tissue Release	12
		12

### Hands On Techniques - Various

HOT-101	Basic Massage with Sanitation & Communication	46
HOT-103	Soft Tissue Releases	12
HOT-104	Deep Tissue Massage	18
HOT-105	Chair Massage	12
HOT-113	Clothes-On Massage	9.5
HOT-214	Sidelying Massage	6
HOT-311	Profound Compressive Therapies	12
HOT-319	Nerve Pain Massage	6
HOT-320	Intuition Development	4.5
HOT-322	Tensional Releases	6
SCS-101	Positional Releases	11.5
		144

### Kinesiology

K-002	Kinesiology	12
K-003	Kinesiology	9
K-004	Kinesiology	17
KR	Kinesiology Review	3
		41

### Licensing Exam Preparation

MBX-101	MBLEx Licensing Exam Preparation Course	39
		39

### Medical Massage

HOT-316	Oncology Massage	17.75
		17.8

### Pathology/Contraindications

PATH-001	Introduction to Pathology	6
PATH-002	Integumentary Pathology	3
PATH-004	Cardio-Respiratory-Lymphatic Pathology	6
PATH-005	Nervous Pathology	3
PATH-006	Pathology of Pain	3
PATH-008	Communicable & Infectious Disease	6
PATH-009	Arthritis	3
PATH-010	Medications and Massage	6
PATH-011	Pathology Review	6
PATH-012	Mental Disorders	3
		45

### Reiki

RKI-101	Reiki Level 1	6
---------	---------------	---

20-209

The Basic Massage Program is a 650 Hour program. Consisting of 550 Classroom Hours and 100 Practical Massage Hours.







# The Bodhi Tree Center

3107 N. Deer Run Rd., Suite 6, Carson City NV 89701 -NCBTMB# 450816 775-884-1145

John M Thorpe, RCST®, BCST, BCTMB, LMT, FSL, Administrative Director

## OFFICIAL SCHOOL - Student Transcripts

8/10/2021 8:40:57 AM

6

### Self-Care

ALT-106	Self-Care with Self-Massage	3
ALT-107	Self-Care with Self-Stretching	6

9

### Spa Techniques

HSM-101	Hot Stone Massage	12
---------	-------------------	----

12

### Traditional Chinese Medicine

ACU-209	Asian Studies Sampler	5
---------	-----------------------	---

6



NSBMT

AUG 12 2021

RECEIVED



*Licensed by the Nevada Commission on Postsecondary Education. Education has been Accepted towards licensure by the Nevada Board of Massage Therapists, the California Massage Therapy Council, the National Certification Board, The Arizona Board of Massage, and may be submitted towards licensure in other states.*

*The Bodhi Tree Center for Healing Arts acknowledges that*  
**Brian Bird**

*Has successfully completed the requirements of our*  
**650 Hour course in Massage Therapy**

Lee M. Thorpe, Academic Director,  
MA, BC-DMT, LMT, ABT

*Graduation Date: August 10th, 2021*

John M. Thorpe, Administrative Director,  
RCST®, BCST, BCFMB, LMT, FSL



MBLEx Results: 4/5/2021

MBLEx Result Jurisdictional Report

State: NV

<u>Last Name</u>	<u>First Name</u>	<u>Last four</u> <u>SS#</u>	<u>DOB</u>	<u>Exam Date</u>	<u>Pass/Fail</u>	<u>Previous</u> <u>Attempt(s)</u>	<u>Language</u>	<u>School</u>
Bird	Brian			4/2/2021 1:56:02 PM	Pass		English	THE BODHI TREE CENTER FOR HEALING ARTS - CARSON CITY NV





National Practitioner Data Bank  
 Health Resources and Services Administration  
 U.S. Department of Health and Human Services  
 P.O. Box 10832  
 Chantilly, VA 20153-0832  
<https://www.npdb.hrsa.gov>

DCN: 5500000181088075  
 Process Date: 10/05/2021  
 Page: 1 of 1  
 BIRD, BRIAN A  
 For authorized use by:  
 NEVADA STATE BOARD OF MASSAGE  
 THERAPY

**BIRD, BRIAN A - ONE-TIME QUERY RESPONSE**

**A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: BIRD, BRIAN A  
 Date of Birth: Gender: MALE  
 Home Address:  
 Social Security Number:  
 License: MESSAGE THERAPIST, NO LICENSE  
 Professional School(s): BODHI TREE CENTER (2021)

**B. QUERY INFORMATION**

Statutes Queried: Title IV; Section 1921; Section 1128E  
 Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.  
 Entity Name: NEVADA STATE BOARD OF MASSAGE THERAPY (DBID ending in ...94)  
 Authorized Submitter: TEREZA VANHORN, EXECUTIVE ASSISTANT, (775) 687-9953

**C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 10/05/2021**

The following report types have been searched:

Medical Malpractice Payment Report	No Reports	Health Plan Action(s):	No Reports
State Licensure or Certification Action	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

----- No Reports Found Based on the Subject Information Submitted -----



**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@imt.nv.gov](mailto:nvmassagebd@imt.nv.gov)

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

October 15, 2021

Brian A. Bird

Re: DISPOSITION OF RECORD

Dear Mr. Bird,

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your application;

1. A written narrative describing the incident(s), the circumstances that led up to the incident(s) and the outcome of the incident(s). **Online printouts cannot be accepted.**
2. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **Online printouts cannot be accepted.**
3. Dispositions from the court(s) you appeared at regarding the attached highlighted arrest dates.
4. You must comply with Board Staff for all requested documents and the Board Staff will be making recommendations regarding your Application.

**Please mail or fax the above documents to our office for review. Emailed documents cannot be accepted.** Your background check will expire on **03/31/2022**. Your massage license must be completed and issued by the above expiration date, or you will be required to fulfill another background check and be responsible for the additional \$85.00 fee.

If you have any questions regarding the attached criminal history, you can email us at [nvmassagebd@imt.nv.gov](mailto:nvmassagebd@imt.nv.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "Tereza Van Horn".

Tereza Van Horn  
Executive Assistant  
Enclosed

COPY

**Please Note: It is a misdemeanor to practice or advertise Massage Therapy without a current valid NSBMT Massage License.**

Dear State of Nevada Massage Board

First, let me thank you for taking the time out of your schedules to review my requested documents.

Second, although I made some serious mistakes in my deep past that I'm deeply regretful for, I also believed they served as learning experiences that have led me to become a productive citizen.

Although, approximately 20 years ago was my last record for arrest for simple assault, I have lived a good life, a productive life, and have been a productive citizen working in Montana as a Reflexologist for the last 10 years

I currently hold a Montana Massage License, and I am a State Licensed Manicurist in both Nevada and Montana.

I have dutifully requested all documents asked for, and asked for additional details with extra set of fingerprint cards from Justice Court in Billings Montana

However; in regards to the Vista California Arrest Record, of simple assault, the records are no longer available due to an age out system after a period of 10 years. However I will provide relevant information to the best of my memory.

For the remaining arrest records for Montana, I dutifully requested documents from both the Municipal Courts and Justice Courts of Montana. To get the Justice Records I again, submitted a fingerprint card for a criminal records search at the Department of Justice Montana. The justice court of Montana provided some extra detail with a fine for "Obstruction" that is **paid**. Again, all materials the Nevada State Board of Massage requested from myself I also requested from both Justice Courts (Extra Fingerprint Cards) and Municipal Courts of Montana, and San Diego County California are present.

Through this communication, I'm now forwarding with my best ability and with full content received from those agencies previously listed here, and requested, then forwarded to the Nevada State Board of Massage.





## Arrest Records

(Cycle 001)

01-04-1992

Obstruction of Peace Officer

When I was approximately 18 years old, I got pulled over for having too many people in my Jeep. The arresting officer asked me my name and I told him "Santa Clause." I was then charged with Obstruction and paid a \$140.00 fine. I pled guilty, because I was! Lesson learned.

1-18-1996

Criminal Mischief. Criminal Endangerment. Deferred  
Partner Family Member Assault - Convicted

Both my girlfriend and I, at the time had been drinking, we got into an argument. The argument proceeded to get more heated and I tried to take a book that was mine from her apartment and she succeeded in taking it from me, then I tried to take it back by grabbing it out of her hands. I was mad and then I went outside and smashed a window (criminal mischief) on her apartment. I then tried to leave but she let herself inside my car and we began arguing in the car and I started the car and I began driving at high rates of speed through town, (criminal endangerment) and she called the police. I soon pulled over and let her out.

I was later arrested for criminal mischief and criminal endangerment. Because of my age and no felonies on my record the court had mercy on me with deferred sentences. Again, alcohol was a factor and i'm am not that kid anymore. I deeply regret that day. What I did hurt everyone. I wish I could take it back. All I can do is learn from it, make amends and move on to a productive life.



Vista California

Arrested and convicted of Simple Assault.

Again, with this record from California. They only keep their records on file for 10 years and this was over 20 years ago.

To the best of my memory me and my then wife got into a heated argument over her cancer, no drinking, or drugs. The argument got more heated where she blocked me into a bedroom and wouldn't let me leave. I felt trapped and I hit her leg with a belt on the side of the leg. She then followed me into another room and smashed a vase into my nose and I sat down and bled out my nose. She then called the police. The police arrived, I was then informed by the police that I had two options, "to leave the house or be arrested."

I refused to leave the house and I was arrested and convicted of simple assault. I completed a year of anger management after that and a few years later we got divorced. I wish it wouldn't have happened, but it did. I accept that. I accepted responsibility immediately because I pled "guilty." I got counseling. I got sober. I live a good life.

I have supplied what the San Diego Sheriff's Department sent and have included all the details to the best of my ability.

I'm 11 years sober this year, and I'm in an alcohol free, drug free environment along with my partner. I still continue to go to AA and have helped many others sponsor for their betterment.

I've taken responsibility by living an alcohol and drug free life, a productive life, by making amends with those I've hurt in the past, by paying my fines, and have a long length of time without any trouble with the law, and only wish to serve others now as a Professional Massage Therapist in the State of Nevada - my home.

If I'm missing any relevant info or you need additional information, or to meet with me personally I'm happy to assist in whatever I need to do to help with the Board's decision. It's my sincerest hope that the Nevada Board of Massage could see that I'm earnestly seeking professional employment, am highly qualified, have paid my fines, have completed all necessary Nevada educational requirements and have led a productive life for the last 20 years.

Sincerely,  
Brian Bird





# San Diego County Sheriff's Department



*William D. Gore, Sheriff*

*Kelly A. Martinez  
Undersheriff*

DATE: December 25, 2021

TO: BRIAN BIRD

RE: REQUEST FOR – CRIME/INCIDENT REPORTS FOR BOOKING  
#00151901A – CASE #00051756V – ARREST DATE 07/29/2000

The California Public Records Act mandates that government agencies make certain information available for inspection and release to the public. However, the act includes many exemptions and exceptions related to the release of criminal information. This includes specific provisions concerning what information may be released, and who is entitled to receive it.

We have received your request for crime/arrest incident report information. A search of our files revealed NO responsive records based upon the information you provided. Please note, the Sheriff's Department maintains a 10-year retention policy for criminal history and case information for all but the most serious criminal charges.

If you have questions concerning your request, please contact one of our representatives at (858) 974-2110.

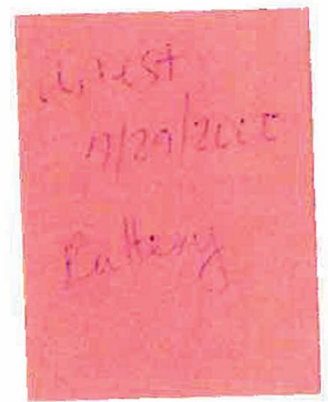
Sincerely,

WILLIAM D. GORE, SHERIFF

*B. Davis*



**Barbara Davis**  
Sheriff's Records & ID Clerk II  
Sheriff's Records & ID Division/Cases Section  
Email: [Cases.Records@sdsheriff.org](mailto:Cases.Records@sdsheriff.org)  
Phone: 858-974-2110 | Fax: 858-974-2122  
[www.sdsheriff.net](http://www.sdsheriff.net)  
**SAN DIEGO COUNTY**  
**SHERIFF'S DEPARTMENT**





# San Diego County Sheriff's Department



*William D. Gore, Sheriff*

*Kelly A. Martinez  
Undersheriff*

## SUMMARY OF LOCAL CRIMINAL HISTORY INFORMATION

DATE: 12-20-2021

TO: Brian Bird

RE: Name: Bird, Brian Alan  
AKA: N/A  
DOB:  
SSN:



A search has been made of the records of the San Diego County Sheriff's Department on the above-named subject. The results of that search are as follows:

**NO LOCAL ARREST RECORD**

This search was based on name, date of birth, and social security number (if provided) and includes only information that is classified as "local summary criminal history information." Excluded from this search are the following:

- In accordance with Labor Code 432.7 and the court's decision in *Central Valley Chapter of 7<sup>th</sup> Step v. Younger (1989)*, information on arrests, detentions, or charges that did not result in conviction when the request is for employment (excluding peace officer), certification or licensing purposes.
- Criminal information that falls outside the San Diego Sheriff's Department's jurisdiction.
- Criminal information that has been purged in compliance with the Department's records retention schedule (i.e., ten (10) years for all but the most serious crimes).
- Criminal information that has been ordered sealed by court order.
- Criminal information related to Juveniles. The San Diego Juvenile Court must be contacted to obtain this information.



- Information concerning Court Fines, Diversion or Special Programs.
- Information concerning traffic citations. The San Diego Traffic Court must be contacted to obtain this information.
- Information that does not technically fall under the definition of "local criminal history information." This includes:
  - Information concerning sex registrants. However, refer to the California Department of Justice's web-site at <http://www.meganslaw.ca.gov/> for state-wide sex registrant information that is available.
  - Information concerning active warrants. However, refer to the San Diego Sheriff's Department's web-site at <http://www.sdsheriff.net/home/> for information on San Diego County active warrants.
  - Information concerning restraining orders or protective orders, which are classified as court records.

This information is released pursuant to section 13300 of the California Penal Code.

Requestors should be aware that section 13326 of the California Penal Code states that "No person shall require an employee or prospective employee to obtain a copy of a record or notification that a record exists..." "Record" in this instance means local summary criminal history information, and a violation of this section is a misdemeanor.

Sincerely,

WILLIAM D. GORE, SHERIFF

By:



*Abigail Fernandez*  
**Abigail Fernandez**  
Sheriff's Records & ID Clerk II  
*Sheriff's Records & ID Division/Booking Section*  
Email: [Booking.Records@SDSheriff.org](mailto:Booking.Records@SDSheriff.org)  
Phone: 858-974-2060 | Fax: 858-974-2123  
[www.sdsheriff.net](http://www.sdsheriff.net)  
**SAN DIEGO COUNTY**  
**SHERIFF'S DEPARTMENT**



Records & ID Division  
9621 RIDGEHAVEN COURT  
San Diego, CA 92123

Source:	Phone Order (Card Keyed-In)	Authorization:	Paid in Full
Order Date/Time:	12/21/2021 10:41 AM PST	Agency Amount:	\$14.00
Order Number:	136321351	Other Agency Amount:	\$0.00
Operator:	SallyR	Shipping Amount:	\$0.00
Location Code:	*****415	LN Service Fee:	\$3.00
		Total Amount(USD):	\$17.00

Payment Information

Transaction Type:	Purchase	Expiration	###/###
Card Holder:	Brian Bird	Transaction Ref #:	131362069
Payment Method:	Credit Card (VISA *****6496)	CVV2 Response:	
Approval Code:	495479	Auth Txn Id #:	38135567318953
AVS Response:		Val Code:	53DW

Merchant Copy

Agency Amount	Product	Product Detail
\$14.00	MISC	Background Check



Records & ID Division  
9621 RIDGEHAVEN COURT, San Diego, CA 92123  
VitalChek Receipt - Phone Order (Card Keyed-In)  
Cardholder Copy

Order Date/Time:	12/21/2021 10:41 AM PST	Transaction Type:	Purchase
Confirmation Number:	136321351	Approval Code:	495479
Payment Applied towards:	MISC	Transaction Ref #:	131362069
Card Holder:	Brian Bird	Payment Method:	VI(6496)

**Bill To**  
Brian Bird  
United States of America

Authorization:	Paid in Full
Agency Amount:	\$14.00
Other Agency Amount:	\$0.00
LN Service Fee:	\$3.00
Total Amount(USD):	\$17.00

Refund Policy: Please contact the agency listed on the receipt to request a refund.



MONTANA DEPARTMENT OF JUSTICE

CRIMINAL RECORDS AND IDENTIFICATION SERVICES

PO BOX 201403

HELENA  -1403



406-444-3625 8 AM - 5 PM

\*\*\*\*\* CRIMINAL HISTORY RECORD \*\*\*\*\*

Produced on 2022-02-03


\*\*\*\*\* Introduction \*\*\*\*\*

This rap sheet was produced in response to the following request:

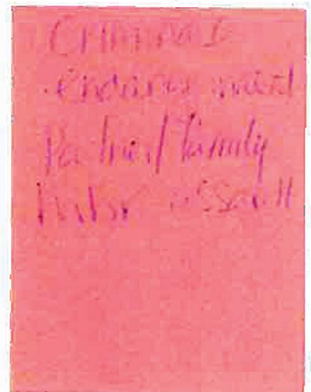
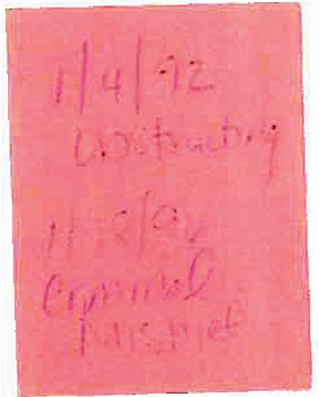
FBI/UCN	212411PA2
State Id Number	 (18)
Reason	STATE ONLY
Purpose Code	I
Attention	



The information in this rap sheet is subject to the following caveats:

\*\*THIS RESPONSE IS BEING PRODUCED FOR YOUR REQUEST SENT: 2022-01-31  
(; 2007-08-11)

THIS RECORD IS SUBJECT TO THE FOLLOWING USE AND DISSEMINATION RESTRICTIONS: THE FOLLOWING RECORD IS PROVIDED BASED ON THE SUBMISSION OF FINGERPRINT IMAGES AND THE COMPARISON OF FINGERPRINTS ON FILE IN THE MONTANA CRIMINAL HISTORY REPOSITORY. IF THE INFORMATION IS USED TO DISQUALIFY AN APPLICANT, VOLUNTEER OR EMPLOYEE, THE OFFICIAL MAKING THE DETERMINATION SHALL PROVIDE THE SUBJECT OF INQUIRY THE OPPORTUNITY TO COMPLETE OR CHALLENGE THE ACCURACY OF THE INFORMATION CONTAINED IN THE MONTANA IDENTIFICATION RECORD. FURTHER, AN INDIVIDUAL SHOULD BE



PRESUMED NOT GUILTY OF ANY CHARGE/ARREST FOR WHICH THERE IS NO FINAL DISPOSITION STATED ON THE RECORD OR OTHERWISE DETERMINED. IF THE SUBJECT OF RECORD WISHES TO CORRECT THE RECORD AS IT APPEARS IN THE MONTANA CRIMINAL HISTORY REPOSITORY, THE INDIVIDUAL SHOULD BE ADVISED THAT THE PROCEDURES TO CHANGE, CORRECT OR UPDATE THE RECORD ARE SET FORTH IN MONTANA CODE ANNOTATED 44-5-215. THIS RECORD DOES NOT INCLUDE MISDEMEANOR TRAFFIC OFFENSES PRIOR TO JULY 1, 2017, NOR DOES IT INCLUDE CRIMINAL RECORDS MAINTAINED BY OTHER STATES OR THE FBI. (M; 2019-10-02)

IN THE EVENT THAT IDENTIFIERS ARE NOT CLEARLY ASSOCIATED TO A SPECIFIC CYCLE, THE INFORMATION IS MOST LIKELY NON-FINGERPRINT BASED INFORMATION RECEIVED FROM THE DEPARTMENT OF CORRECTIONS AT THE TIME OF RELEASE FROM INCARCERATION. (M; 2019-10-02)

\*\*\*\*\* IDENTIFICATION \*\*\*\*\*

Subject Name(s)

BIRD, BRIAN ALAN (1999-12-15)  
BIRD MAN, XX (AKA) (1999-12-15)  
BIRD, BRIAN (AKA) (1999-12-15)  
BIRDMAN, XX (AKA) (1999-12-15)  
BIRD, BRIAN A (AKA) (1999-12-15)

Subject Description

Sex	Race
Male (1992-01-04)	White (1992-01-04)



DNA Information Available

No

Miscellaneous Information

Comment CHARGE SUMMARY: FELONY - 2, CONVICTED - 0 (1)

Comment CHARGE SUMMARY: MISDEMEANOR - 2, CONVICTED - 2 (1)

\*\*\*\*\* CRIMINAL HISTORY \*\*\*\*\*

===== OTN 560109236GBF (Cycle 001 of 002) =====


Offense Tracking Number (OTN) 560109236GBF
Earliest Event Date 1992-01-04
Offense Date 1992-01-04

Arrest (Cycle 001)
Arrest Date 1992-01-04
Case Number 43441
Arresting Agency MT0560100 BILLINGS POLICE DEPARTMENT
Subject's Name BIRD, BRIAN ALAN
Arrest Type Adult

Charge 1
Charge Tracking Number 560109236GBF-001
Charge Literal OBSTRUCT PEACE OFFICER OR OTHER PUBLIC SERVANT
Statute 45-7-302;
NCIC Offense Code 4899
Counts 1
Severity Misdemeanor

-----
Court Disposition (Cycle 001)



Court Agency MT056011J BILLINGS MUNICIPAL COURT  
Subject's Name BIRD, BRIAN ALAN  
Charge 1  
Charge Tracking Number 560109236GBF-001  
Charge Literal OBSTRUCT PEACE OFFICER OR OTHER PUBLIC SERVANT  
Statute 45-7-302;   
NCIC Offense Code 4899  
Counts 1  
Severity Misdemeanor  
Disposition CONVICTED (1992-01-04; Convicted)


-----  
Sentencing (Cycle 001)  
Sentence Date 1992-01-04  
Sentencing Agency MT056011J BILLINGS MUNICIPAL COURT


Charge 1  
Charge Tracking Number 560109236GBF-001  
Charge Literal OBSTRUCT PEACE OFFICER OR OTHER PUBLIC SERVANT  
Sentence FINE \$140

===== OTN 5601A9601383 (Cycle 002 of 002) =====  
Offense Tracking Number (OTN) 5601A9601383  
Earliest Event Date 1996-01-18  
Offense Date 1996-01-18

-----  
Arrest (Cycle 002)  
Arrest Date 1996-01-18  
Case Number 43441  
Arresting Agency MT0560100 BILLINGS POLICE DEPARTMENT  
Subject's Name BIRD, BRIAN ALAN  
Arrest Type Adult




Charge 1  
Charge Tracking Number 5601A9601383-001  
Charge Literal CRIMINAL MISCHIEF  
Statute 45-6-101;   
NCIC Offense Code 2999  
Counts 1  
Severity Felony


Charge 2  
Charge Tracking Number 5601A9601383-002  
Charge Literal CRIMINAL ENDANGERMENT  
Statute 45-5-207;   
NCIC Offense Code 7099  
Counts 1  
Severity Felony


---

Court Disposition (Cycle 002)  
Case Number DC-96-53  
Case Number DC-96-053  
Court Agency MT056025J YELLOWSTONE COUNTY DISTRICT COURT  
Subject's Name BIRD, BRIAN ALAN

Charge 1  
Charge Tracking Number 5601A9601383-001  
Charge Literal CRIMINAL MISCHIEF  
Statute 45-6-101;   
NCIC Offense Code 2999  
Counts 1  
Severity Felony  
Disposition DEFERRED IMPOSITION OF SENTENCE (1996-07-31;  
Deferred)




Charge 2  
Charge Tracking Number 5601A9601383-002  
Charge Literal CRIMINAL ENDANGERMENT  
Statute 45-5-207;   
NCIC Offense Code 7099  
Counts 1  
Severity Felony  
Disposition AMENDED (2021-08-26; Unknown)

Charge 4  
Charge Tracking Number 5601A9601383-004  
Charge Literal PARTNER/FAMILY MEMBER ASSAULT  
Charge Description AMENDED FROM CTN 2  
Statute 45-5-206;   
NCIC Offense Code 1399  
Counts 1  
Severity Misdemeanor  
Disposition CONVICTED (1996-07-24; Convicted)

---

Court Disposition (Cycle 002)  
Court Agency MT056013J YELLOWSTONE COUNTY JUSTICE COURT  
Subject's Name BIRD, BRIAN ALAN

Charge 2  
Charge Tracking Number 5601A9601383-002  
Charge Literal CRIMINAL ENDANGERMENT  
Statute 45-5-207;   
NCIC Offense Code 7099  
Counts 1  
Severity Felony  
Disposition DISPOSITION NOT AVAILABLE THROUGH THIS COURT  
(2021-08-21; Other)





-----  
Sentencing (Cycle 002)  
Case Number DC-96-53  
Sentence Date 1996-07-31  
Sentencing Agency MT056025J YELLOWSTONE COUNTY DISTRICT COURT

Charge 1  
Charge Tracking Number 5601A9601383-001  
Charge Literal CRIMINAL MISCHIEF  
Sentence DEFERRED IMPOSITION OF SENTENCE 2 YEARS

Charge 4  
Charge Tracking Number 5601A9601383-004  
Charge Literal PARTNER/FAMILY MEMBER ASSAULT  
Sentence SUSPENDED SENTENCE 6 MONTHS

\*\*\*\*\* INDEX OF AGENCIES \*\*\*\*\*

Agency BILLINGS POLICE DEPARTMENT; MT0560100;  
Agency Telephone (406) 657-8461  
Address  
220 N 27TH  
BILLINGS, MT 59103

-----  
Agency BILLINGS MUNICIPAL COURT; MT056011J;  
Agency Telephone (406) 657-8490  
Address  
220 N 27TH STPO BOX 2082  
BILLINGS, MT 59103

-----  
Agency YELLOWSTONE COUNTY JUSTICE COURT; MT056013J;  
Agency Telephone (406) 256-2889



Address

217 N 27TH PO BOX 35032  
BILLINGS, MT 59107

Agency

YELLOWSTONE COUNTY DISTRICT COURT; MT056025J;

Agency Telephone

(406) 256-2863

Address

PO BOX 35030  
BILLINGS, MT 59107

\* \* \* END OF RECORD \* \* \*



ci.billings.mt.us

RECEIVED BY  
CITY OF BILLINGS  
MUNICIPAL COURT

2021 DEC -7 A 10: 20

**CITY OF BILLINGS MUNICIPAL COURT  
REQUEST FOR PUBLIC RECORDS**

I, Brian Bied, (applicant), do hereby make application for inspection and/or copying of the following public records of the City of Billings Municipal Court.

\*To assist us in locating these records quickly, please be as specific as possible in your request.\*

Case name: See Attached please

Docket # (if known): \_\_\_\_\_

Offense type/Date charged (if known): \_\_\_\_\_

Other: Please include any info for fines and all dispositions for high traffic dates. Thank you

(Applicant signature) Brian Bied Date: 11/29/21  
Address: 2150 Victorian Ave #19  
Phone: Home: 406 591 1139 Work: 406 591 1139  
MUNICIPAL CLERK AUTHORIZATION: \_\_\_\_\_

2150  
Victorian Ave  
#19  
Sparks, WY  
89431

**INTERNAL USE ONLY BELOW THIS LINE**

TO APPLICANT: THE ABOVE REQUESTED RECORDS ARE: (Check one)

- Available for inspection in the office of the Municipal Court Clerk immediately upon processing your request.
- To be copied at your expense and will be made available to you on \_\_\_\_\_ (date) by \_\_\_\_\_ o'clock \_\_\_\_M.
- Currently in storage/use and not available for inspection/copying at this time. These records will be made available to you \_\_\_\_\_, 200\_\_, at \_\_\_\_\_ o'clock \_\_\_\_M.
- Not subject to disclosure pursuant to Montana Public Records Statutes (Art II, Sec 9, Mont. Const.; M.C.A. 7-1-4144.)
- Not accessible due to vagueness of request. More information required.

TOTAL NUMBER OF COPIES OR PAGES \_\_\_\_\_

**Fees:**

- General copies \$1.00 per page for the first 10 pages, \$0.50 each additional page;
- Certified copies \$2.00 per document certified;
- Background search \$2.00 per name, per year up to 7 years, \$1.00 per name each additional year.
- Audio Request \$25.00 per disc.

Pursuant to § 25-1-201 M.C.A

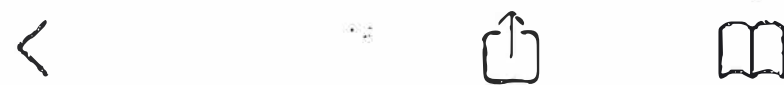
TOTAL CHARGE: \$ \_\_\_\_\_

INITIALS OF PERSON FILLING REQUEST: \_\_\_\_\_



Billings Municipal Court

Records Request  
Date: 12/13/21  
Name: [Signature]



BILLINGS CITY COURT DOCKET

DICKNEY  
No. 9200087

DATE 01/04/92 TIME 23:15 C & O No. 9200301 CITATION No. 00000

NAME (last) (sfx) (first) (mi) Charge Bond Pct  
BIRD (street) BRIAN A 1. OBSTRUCTING PUB. SERV.

(street) (telephone no.)

(city) (state) (zip code)

0 Male

Date of Birth Arresting Officer  
06/01/72 044 - ECKHARDT, CURTIS

Appear. Date & Time  
01/09/92 09:30

Attorney



Advise of Rights

Days Served

Court Costs

+15

Verdict

#1 guilty  
Finding of Guilt - Jury

Judge's Notes

Fine or Sentence

1-9-92:  
cond.  
1) No other criminal convictions  
for 6 mo.  
Time pay.

140, 6 mo. jail, all suspended  
on condition

Receipt #

CREDIT SERV.

Billings Municipal Court

Records Request

Date: 12/13/20

Name: CP

Billings Municipal Court

Records Request

Date: 12/13/20

Name: CP

OWED

155

OWING

155

S. S. #

317-11-3393

EMPLOYMENT

CITY OF BILLINGS,

Plaintiff

**WAIVER OF RIGHTS AND  
ENTRY OF PLEA OF GUILTY**

vs.

BRIAN BIRD

Defendant

I, the undersigned, am prepared to enter a plea of GUILTY in the above entitled matter. This plea is voluntarily made and not the result of force, threats or promises.

I am charged with the offense of OBSTRUCTING (1ST), which offense carries a maximum penalty of a \$500.00 fine and/or 6 months in jail.

I have the right to enter a plea of NOT GUILTY and have my case tried by a jury; to have the assistance of a lawyer; to call witnesses on my behalf; to cross-examine witnesses that testify against me; not to testify against myself; and require that the case against me be proven beyond a reasonable doubt.

By entering a plea of guilty I give up these rights and do so as my voluntary act and further state that I am not suffering any mental or emotional disability or impairment that would not allow me to freely enter a plea of guilty.

I have been advised that if I cannot afford to hire an attorney that the court will appoint one to represent me in these proceedings. I fully understand this and do hereby waive my right to be represented by an attorney.

Dated this 9 day of Jan, 1902.

Brian Bird  
Defendant

This instrument signed by the above named defendant before me on the date first above written.

[Signature]  
Judge

Billings Times



Billings Municipal Court  
Re: [Signature]  
Date: 12/13/21  
Name: CP



**DEFERRED PAYMENT OF FINE OR BOND**

DOCKET NO. 9200083

Defendant Brid Brian Address \_\_\_\_\_

Work KPS

Phone: Home \_\_\_\_\_  
Employer—Name and Address \_\_\_\_\_

Social Security No. \_\_\_\_\_

At your request jurisdiction of this case has been retained by the Court to permit your deferred payment of a fine and/or bond.

If you should fail to pay any deferred payment or installment as herein stated when due, you are then ordered to re-appear in said Court at the next session of said Court following such due date. Failure to meet this obligation will cause a warrant for your arrest to issue.

**PAYMENT SCHEDULE**

Total Amount Due: \$ 155 NT fine I agree to pay this amount at the rate of \$ 20  
each month on \_\_\_\_\_ until the total is paid.  
(period of time) (due date)

I am aware of the provisions of Section 61-5-214 which provides that my Driver's License will be suspended in the event that I fail to pay the fine or bond or restitution as ordered by the court. In the event that my license is suspended for such failure, there is a \$25.00 fee for the reinstatement of my license.

Dated this 9 day of Jan, 1992  
Brian Brid  
Defendant's Signature

**PAYMENTS MADE**

Amount	Date Paid	Receipt No.	By:
<u>2-9</u>			

**NSBMT**  
 FEB 11 2022  
**RECEIVED**

Billings Municipal Court  
 Date: 12/13/21  
 Name: CP



RUN DATE: 6/11/92  
RUN TIME: 20:25:45

CITY COURT ACCOUNTS RECEIVABLE  
DOCKET TIME PAYMENT LEDGER

CTR503  
PAGE: 1

DOCKET NUMBER: 9200083  
DEFENDANT: BIRD  
ADDRESS:

SOC SEC #: BRIAN

VIOL. DATE: 1/04/92  
PHONE: A

VIOL #	VIOLATION CODE	DESCRIPTION	AMOUNT	DISP
1	4507302	OBSTRUCTING PUB. SERV.	155.00	G

TOTAL AMT: 155.00 PAID AMT: 155.00 BALANCE DUE:  
INSTALL AMT: 20.00 # OF INSTALL: PAY FREQ: M  
FIRST DUE DATE: 2/09/92 NEXT DUE DATE: 0/00/00

PMT DATE	AMT PAID	RECEIPT	REASON	PMT DATE	AMT PAID	RECEIPT	REASON
6/11/92	155.00	CS	CREDSER				

END OF DOCKET TIME PAYMENT LEDGER



Billings Municipal Court

Records  
Date: 12/13/21  
Name: CP



# San Diego County SHERIFF'S DEPARTMENT

NSBMT

FEB 11 2022

## RECORDS SERVICE REQUEST FORM PO Box 939062, San Diego, CA 92193-9062

RECEIVED

California Penal Code sections 13300 through 13326 authorize the release of local summary criminal history information to the subject of the criminal history, and to other authorized persons and agencies under specified conditions. Local summary criminal history refers only to those arrests compiled by the San Diego County Sheriff. Government Code 6254(f) provides a list of authorized persons who are authorized to receive information from law enforcement police records. Applicable fees, if any, will be paid before any information is released.

### THE FOLLOWING INFORMATION IS NECESSARY TO PROCESS YOUR REQUEST (PLEASE PRINT)

#### REQUESTOR'S IDENTIFYING INFORMATION

REQUESTOR'S NAME: <u>Brian Bird</u>	AGENCY: <u>Self</u>
ADDRESS/CITY/ZIP CODE: _____	TELEPHONE #: _____
DRIVERS LICENSE OR ID#: _____	EXPIRATION DATE: <u>06/01/2029</u>
FAX #: <u>none</u>	
REASON FOR REQUEST: <u>Background check for Massage License Application</u>	

#### REQUESTOR'S CLASSIFICATION (CHECK ONE)

<input type="checkbox"/> SUBJECT	<input type="checkbox"/> LAW ENFORCEMENT	<input type="checkbox"/> VICTIM	<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> INSURANCE CO
<input type="checkbox"/> BAIL BONDSMAN	<input type="checkbox"/> LEGAL REPRESENTATIVE	<input type="checkbox"/> WITNESS	<input type="checkbox"/> PARTY INVOLVED IN ACCIDENT	
<input type="checkbox"/> GOV'T AGENCY	<input checked="" type="checkbox"/> OTHER: <u>Self Background Request</u>			

#### SUBJECT/CASE INFORMATION

(\*May write "Same" if the subject and requestor are the same person)

SUBJECT NAME: <u>Brian Bird</u>	ALIAS/MAIDEN NAME: _____
D.O.B. or AGE: Month: _____ Date: _____ Year: _____ Age: <	SSN#: _____
<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CASE #: <u>00151901A</u>
BOOKING #: <u>00151901A</u>	INCIDENT LOCATION: <u>Vista CA</u>
ARRESTING AGENCY: <u>San Diego Sheriff's Office</u>	OCCURRENCE DATE: <u>2000-07-29</u>

#### SERVICE OPTIONS

(CHECK THE BOX THAT APPLIES)

<input checked="" type="checkbox"/> LOCAL BACKGROUND CHECK	<input type="checkbox"/> IN CUSTODY LETTER: DATES REQUESTED FROM: _____ TO: _____
<input type="checkbox"/> WARRANT CHECK	<input checked="" type="checkbox"/> CASE REPORT COPY
<input type="checkbox"/> REPO RECEIPT: PLATE OR VIN # _____	<input type="checkbox"/> TRAFFIC ACCIDENT REPORT
<input checked="" type="checkbox"/> OTHER: <u>Fees or Fines Paid</u>	VEHICLE YR/MAKE/MODEL: <u>logged 12/21/21</u>

#### DELIVERY OPTIONS (CHECK THE BOX THAT APPLIES)

NOTE THAT REQUESTS WILL NORMALLY BE PROCESSED WITHIN 10 CALENDAR DAYS.

<input type="checkbox"/> PICK UP	<input type="checkbox"/> MAIL	<input type="checkbox"/> FAX	<input checked="" type="checkbox"/> EMAIL OR ADDRESS: <u>sparestetiology@gmail.com</u>
----------------------------------	-------------------------------	------------------------------	--

PICK UP OPTION: I authorize \_\_\_\_\_ to receive the above requested document/s on my behalf.

#### CREDIT CARD PAYMENTS BY PHONE/FAX/EMAIL ONLY

PLEASE CHARGE THE PROCESSING FEE AND THE \$3 CREDIT CARD TRANSACTION FEE TO MY CREDIT CARD BELOW.

Name of Cardholder: <u>Brian A Bird</u>	Credit Card # <u>6496 4153 3910 0086</u>	EXP DATE: <u>11/23</u>
---	--	------------------------

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT:  
SIGNATURE OF REQUESTOR: [Signature] DATE: 1/19/21

DEC 21 2021



PAID C/C 136321351 800624

# SHERIFF'S DEPARTMENT PERSONNEL USE ONLY

REC'D BY(INT/ARJIS):

CHECKED ID #:

FEE: 14-00

RECEIPT #: 9

PAID BY:  CASH  CHECK #:

MONEY ORDER

CREDIT (\$3.00 FEE)

DEBIT (\$2.50 FEE)

INFORMATION RELEASED:

NONE/REQUEST REJECTED

CRIMINAL HISTORY

IN-CUSTODY LETTER

TRAFFIC ACCIDENT REPORT

CASE REPORT COPY

REPO RECEIPT

WARRANT CHECK

OTHER: *No Record Letter*

COMMENT:

COMPLETED BY (NAME/ARJIS#): *AF5892*

DATE COMPLETED: *12/20/21*

**NSBMT**

FEB 11 2022

**RECEIVED**





# San Diego County SHERIFF'S DEPARTMENT

NSBMT

FEB 11 2022

## RECORDS SERVICE REQUEST FORM PO Box 939062, San Diego, CA 92193-9062

RECEIVED

California Penal Code sections 13300 through 13326 authorize the release of local summary criminal history information to the subject of the criminal history, and to other authorized persons and agencies under specified conditions. Local summary criminal history refers only to those arrests compiled by the San Diego County Sheriff. Government Code 6254(f) provides a list of authorized persons who are authorized to receive information from law enforcement police records. Applicable fees, if any, will be paid before any information is released.

### THE FOLLOWING INFORMATION IS NECESSARY TO PROCESS YOUR REQUEST (PLEASE PRINT)

#### REQUESTOR'S IDENTIFYING INFORMATION

REQUESTOR'S NAME: Brian Bird AGENCY: Self

ADDRESS/CITY/ZIP CODE: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

DRIVERS LICENSE OR ID#: 0801399728 EXPIRATION DATE: 06/01/2029 FAX #: none

REASON FOR REQUEST: Background check San Massage License Application

#### REQUESTOR'S CLASSIFICATION (CHECK ONE)

- SUBJECT
- LAW ENFORCEMENT
- VICTIM
- PROPERTY OWNER
- INSURANCE CO
- BAIL BONDSMAN
- LEGAL REPRESENTATIVE
- WITNESS
- PARTY INVOLVED IN ACCIDENT
- GOVT AGENCY
- OTHER: Self Background Request

#### SUBJECT/CASE INFORMATION

(\*May write "Same" if the subject and requestor are the same person)

SUBJECT NAME: Brian Bird ALIAS/MAIDEN NAME: \_\_\_\_\_

D.O.B. or AGE: Month: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_ Age: \_\_\_\_\_ SSN#: \_\_\_\_\_

MALE  FEMALE CASE #: 00151901A

BOOKING #: 00151901A INCIDENT LOCATION: Usta CA

ARRESTING AGENCY: San Diego Office San Diego OCCURRENCE DATE: 2000-07-29

#### SERVICE OPTIONS (CHECK THE BOX THAT APPLIES)

LOCAL BACKGROUND CHECK  IN CUSTODY LETTER: DATES REQUESTED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

WARRANT CHECK  CASE REPORT COPY  TRAFFIC ACCIDENT REPORT

REPO RECEIPT: PLATE OR VIN # \_\_\_\_\_ VEHICLE YR/MAKE/MODEL: Lygal

OTHER: Fees or Fines Paid 12/21/21

#### DELIVERY OPTIONS (CHECK THE BOX THAT APPLIES)

(NOTE THAT REQUESTS WILL NORMALLY BE PROCESSED WITHIN 10 CALENDAR DAYS)

PICK UP  MAIL  FAX  EMAIL OR ADDRESS: sparefletology@gmail.com

PICK UP OPTION: I authorize \_\_\_\_\_ to receive the above requested document/s on my behalf.

#### CREDIT CARD PAYMENTS BY PHONE/FAX/EMAIL ONLY

PLEASE CHARGE THE PROCESSING FEE AND THE \$3 CREDIT CARD TRANSACTION FEE TO MY CREDIT CARD BELOW.

Name of Cardholder: Brian A Bird Credit Card #: 6496 4153 3910 0086 EXP DATE: 11/23

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT:

SIGNATURE OF REQUESTOR: [Signature] DATE: 12/19/21

SO-110 (Rev. 12/18) MS-041

DEC 21 2021



FAIU  
E/C 136321351  
80624

# SHERIFF'S DEPARTMENT PERSONNEL USE ONLY

REC'D BY (INT/ARJIS):

CHECKED ID #:

FEE: 14-00

RECEIPT #: 9

PAID BY:  CASH  CHECK #:

MONEY ORDER

CREDIT (\$3.00 FEE)

DEBIT (\$2.50 FEE)

INFORMATION RELEASED:

NONE/REQUEST REJECTED

CRIMINAL HISTORY

IN-CUSTODY LETTER

TRAFFIC ACCIDENT REPORT

CASE REPORT COPY

REPO RECEIPT

WARRANT CHECK

OTHER: No Record Letter

COMMENT:

COMPLETED BY (NAME/ARJIS#): AF5892

DATE COMPLETED: 12/20/21

**NSBMT**

FEB 11 2022

**RECEIVED**



**Administrative Citation**  
 Nevada State Board of Massage Therapy  
 1755 R. Plumb Lane, Suite 252, Reno, NV 89502  
 P: (775) 887-8955 or nvsmessage@nvsboard.com  
 Website: <http://nvsmessage.org>

CIT #19271

Citation Date: 3-16-2020  
 Time: 3:00pm  
 Establishment: \_\_\_\_\_ Licensee \_\_\_\_\_ Other X

Name: Brian Bird DLID: \_\_\_\_\_ ST: \_\_\_\_\_  
 Home Address: 1405 Vassar St.  
 City: Reno ST: NV Zip: 89502  
 Incident Date: 3-16-2020  
 Business Name: Hand and Foot Healing  
 Business Address: 1405 Vassar St. Reno 89502

THE UNDERSIGNED NEVADA STATE BOARD OF MASSAGE THERAPY REPRESENTATIVE HEREBY DECLARES UNDER PENALTY OF PERJURY THAT THE ABOVE-NAMED PARTY DID ENGAGE IN THE FOLLOWING ACT(S), TO WIT:

Violation	Offense/Fine			Total
	NAC/NRS Code	First	Second	
NAC 640C.280 Facilities		\$200	\$500	\$1000
NAC 640C.281 Lubricants		\$200	\$500	\$1000
NAC 640C.282 Structure		\$200	\$500	\$1000
NAC 640C.283 Room		\$200	\$500	\$1000
NAC 640C.284 Linens		\$200	\$500	\$1000
NAC 640C.285 Clothing		\$200	\$500	\$1000
NAC 640C.286 Water		\$200	\$500	\$1000
NAC 640C.287 Bathing facilities		\$200	\$500	\$1000
NAC 640C.288 Sewage		\$200	\$500	\$1000
NAC 640C.290 Garbage		\$200	\$500	\$1000
NAC 640C.292 Sewer lines		\$200	\$500	\$1000
NAC 640C.318 Duffel/Accessories		\$200	\$500	\$1000
NAC 640C.350 Advertisements - Licensees		\$100	\$250	\$500
<input checked="" type="checkbox"/> NAC 640C.350 Advertisements - Any Person	<u>No license</u>	\$1000	\$2500	\$5000
NAC 640C.40 Sexual Activity		\$2000	\$2000	\$5000
NRS 640C.450 License Display		\$200	\$500	\$1000
NRS 640C.500 License Expiration		\$200	\$500	\$1000
NRS 640C.700 Grounds/Disciplinary action		\$1000	\$2000	\$5000
NRS 640C.820(1)(b) and/or(c) or (2)(b) and/or(c) Prohibited Activities without license		\$1000	\$2000	\$5000
NRS 640C.820 Unlawful acts/licenses		\$1000	\$2000	\$5000
NRS 640C.700(1a) or 820 Unlawful acts/overriding		\$500	\$1500	\$2500

Cease and Desist: You are further ordered to Cease and Desist from any and all activity that relates to the practice of massage therapy, reflexology or structural integration and requires a license pursuant to NRS 640C. Failure to immediately Cease and Desist from any and all activity that relates to the practice of massage therapy, reflexology or structural integration may result in your being cited for additional violations.

The Nevada State Board of Massage Therapy hereby issues this citation to the above-named party for the described violation, fine and administrative fee. Fine(s) 1000 + Fee AD = 1,150 total  
 NRS 640C.371

9489 0090 0027 6226 3400 01

Signature and Date

Mailed

Print Name

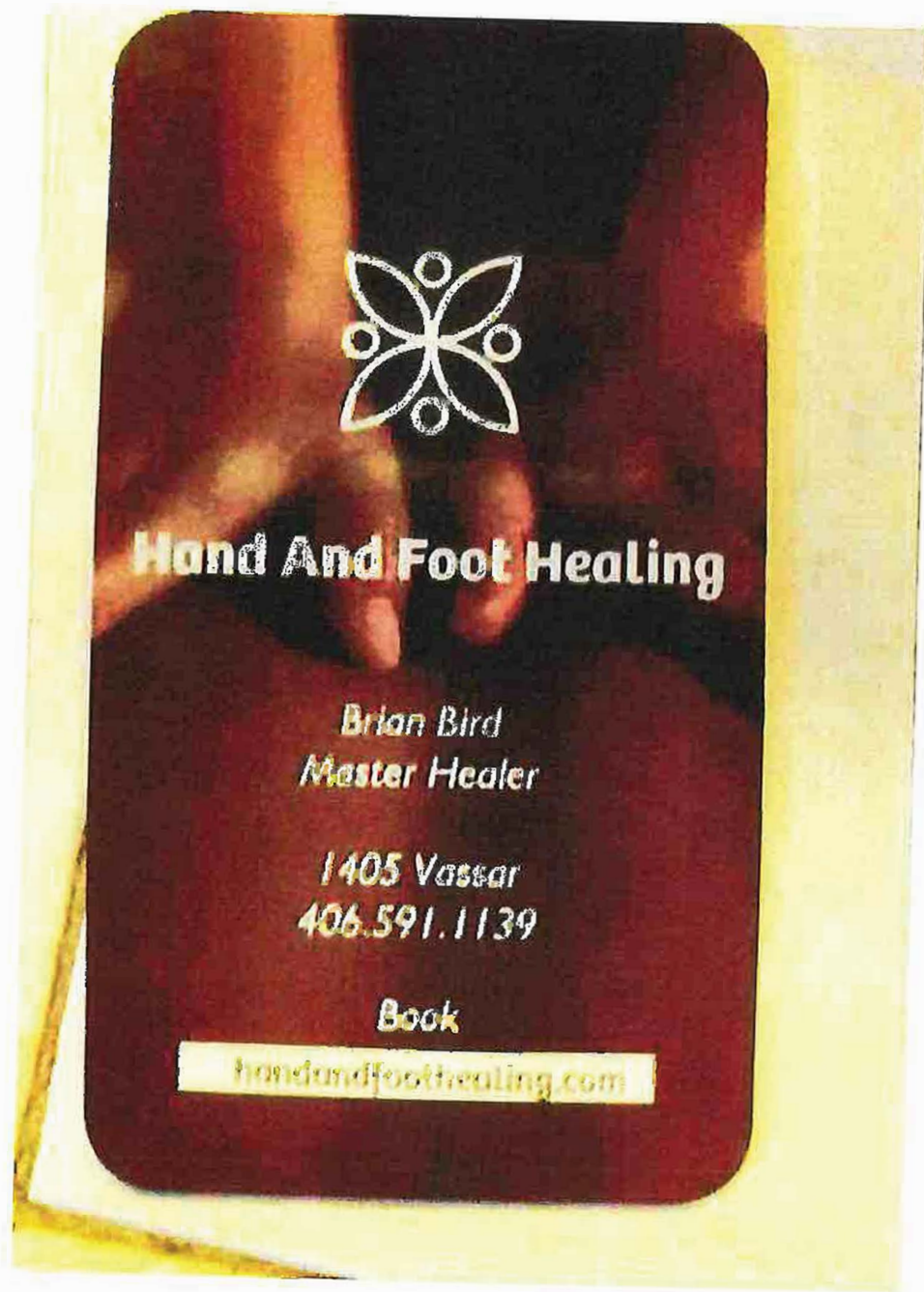
NSBMT Representative and Date

C. Bruner

Print Name

WHITE OFFICE / CANARY RECIPIENT / PINK BILLING





*Reported by*

*who rec'd a massage  
fr. Brian Bird.*

Nevada Board of Massage Therapy

1755 E. Plumb Lane, Suite 252  
Reno, NV 89502

# Invoice

Date	Invoice #
3/24/2020	1037

Phone # 775-687-9955

**PAID**  
**02/04/2021**

Bill To
Brian Bird

Terms	Due Date
Net 15	4/8/2020

Description	Amount
Administrative Fine - Advertisements without a license	1,000.00
Administrative Fee	150.00
<b>Total</b>	<b>\$1,150.00</b>



**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](mailto:nvmassagebd@lmt.nv.gov)

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

February 28, 2022

Brian A. Bird

Re: Notice of meeting of the Nevada State Board of Massage Therapy to consider your character, alleged misconduct, competence, or physical or mental health.

Dear Mr. Bird:

In connection with your Application Review, the Nevada State Board of Massage Therapy (Board) may consider your character, alleged misconduct, competence or physical or mental health at its meeting(s) on March 30, 2022. There will be no physical location for this meeting. Participants can join the meeting via Zoom. The meeting will begin at 9:00 a.m:

Zoom sign-in available at 8:30 a.m.

Register in advance for both meetings:

<https://us06web.zoom.us/j/84202990113?pwd=ZDM2c25scnhBbmRydjR1S1hws2d1QT09>

Meeting ID: 842 0299 0113

Password: 993954

The meeting is a public meeting. You are not required to attend; however, attendance is recommended. Pursuant to NAC 640C.070 your completed investigation results may be discussed. You may choose to have an attorney or other representative of your choosing present during the meeting, present written evidence, provide testimony, present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health. Please be aware you are one of many agenda items, and the Board may take items out of order. The meeting may last until 4:30 p.m.

If the Board determines it necessary, after considering your character, alleged misconduct, professional competence, or physical or mental health whether in a closed meeting or open meeting, it may take administrative action against you at this meeting. This informational statement is in lieu of any notice that may be required pursuant to NRS 241.034. This notice is provided to you under NRS 241.033.

In the event you need an interpreter, please provide one at your own expense.

If you have any questions, please feel free to contact the office at (775) 687-9955.

Sincerely,

A handwritten signature in blue ink that reads "Sandra J. Anderson, for".

Sandra J. Anderson  
Executive Director

COPY

9489 0090 0027 6421 3780 52