



Nevada State Board of Massage Therapy

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Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmassagebd@lmt.nv.gov

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

REPLACEMENT ESTABLISHMENT CERTIFICATE AFFIDAVIT

Please type or print in black or blue ink.

ESTABLISHMENT OWNER: _____ Date: _____

ESTABLISHMENT NAME: _____

BUSINESS Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

MAILING Address: _____

City: _____ State: _____ Zip: _____

Enclose money order or cashier's check for **\$25.00**, Payable to Nevada State Board of Massage Therapy and mail to address above. Please allow 10 – 15 business days for processing.

AFFIDAVIT FOR REPLACEMENT CERTIFICATE

_____, affiant, being first duly sworn deposes and says, that the Nevada State
(FULL NAME OF BUSINESS OWNER)

Board of Massage Therapy issued an Establishment Certificate for the year of 20__/20__; and that the aforementioned certificate issued by the board was _____

(LOST, MISPLACED, DESTROYED, OR STOLEN)

by affiant, and after diligent search affiant has been unable to locate the aforementioned establishment certificate; that affiant does not know the location of the aforementioned establishment certificate; that affiant has not at any time given, loaned or transferred the aforementioned establishment certificate to any other person or firm for any purpose whatsoever; that affiant has not at any time allowed any person or firm to work under the aforementioned establishment certificate; that affiant now desires the board to issue a duplicate establishment certificate to replace the aforementioned establishment certificate; that affiant has been advised that the Nevada State Board of Massage Therapy has determined that a false affidavit in application for a duplicate establishment certificate by a certificate holder of the board is grounds for revocation of any license issued by the board; and that if the aforementioned establishment certificate is found by affiant, affiant will immediately return it to the main office of the Nevada State Board of Massage Therapy by registered mail.

Signature of Establishment Owner