



## 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>

### Petition for Background Review

DATE: \_\_\_\_\_

I am requesting the Nevada State Board of Massage Therapy conduct a review of my criminal history to determine if that criminal history would disqualify me from being licensed by the Board.

The following information is needed to ensure that your request is completed:

Full name: \_\_\_\_\_  
First Middle Last

Current address: \_\_\_\_\_  
Street Address Apt #

\_\_\_\_\_ City State Zip

Birth date: \_\_\_\_\_ Phone #:( ) Social Security #: \_\_\_\_\_  
Place of Birth \_\_\_\_\_

Other names I may have used: \_\_\_\_\_

Enclose \$50.00 in the form of a **MONEY ORDER** or **CASHIER'S CHECK** 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: \_\_\_\_\_