



**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 Declaratory Order

**Applicant/Licensee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **email:** \_\_\_\_\_

To petition the Nevada State Board of Massage Therapy for a declaratory order of NRS & NAC Chapter 640C:

This request is for clarification of the following statute, regulation, or order:

(Identify the particular aspect thereof to which the request is made.)

Note: If you require additional space, you may attach separate pages to the petition form

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The substance and nature of this request is as follows:

(State clearly and concisely petitioner's question.)

Note: If you require additional space, you may attach separate pages to the petition form

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please submit any additional supporting documentation with the petition form)

Wherefore, applicant/licensee requests that the Nevada State Board of Massage Therapy grant this petition and issue a declaratory order in this matter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_