

APPLICATION FOR LICENSE TO PRACTICE  
MASSAGE, BODYWORK AND/OR SOMATIC THERAPY

**Fee: \$100**

License expires \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Previous Two (2) Addresses: \_\_\_\_\_

\_\_\_\_\_

Age (Written Proof Required): \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Sex: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

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

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

