CITY OF VALDEZ, ALASKA
OFFICE OF THE CITY CLERK

P.O. BOX 307
VALDEZ, ALASKA 99686

907-835-4313

Massage Therapist License Application

PLEASE PRINT OR TYPE INFORMATION

I, _____, hereby make application for a MASSAGE THERAPIST LICENSE in accordance with Title 5, Chapter 5.18 of the Valdez City Code for the license years _____, _____.

APPLICANT NAME:_____

ADDRESS:_____,CITY_____STATE_____

MAILING ADDRESS:_____, CITY_____STATE_____

APPLICANT DATE OF BIRTH_____HEIGHT_____WEIGHT____

EYE COLOR_____HAIR COLOR_____TELEPHONE_____

HAVE YOU EVER HAD ANY LICENSE OR PERMIT ISSUED BY ANY AGENCY OR BOARD, CITY, COUNTY, OR STATE REVOKED OR SUSPENDED, OR ANY PROFESSIONAL OR VOCATIONAL LICENSE OR PERMIT REVOKED OR SUSPENDED?

YES___NO___, IF YES, PLEASE EXPLAIN:

_____

_____

_____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME (other than traffic violations) YES_____NO_____IF YES, PLEASE EXPLAIN:_____

QUALIFICATIONS: **AT LEAST ONE OF THE FOLLOWING MUST APPLY TO YOU FOR A LICENSE TO BE ISSUED. INDICATE WHICH QUALIFICATION APPLIES TO YOU BY PLACING A CHECK IN THE BOX. PLEASE COMPLETE ANY REQUESTED INFORMATION AND ATTACH THE REQUIRED PROOF OF CERTIFICATION.**

☐ Graduate of a post-secondary education school of massage therapy which requires the successful completion of at least 500 hours of supervised instruction and which is approved by any state. **(Supply diploma or certificate of graduation)**

☐ Hold current, valid license as a massage practitioner from another state/city with substantially the same requirements as the City of Valdez. **(Please supply copy of license)**

☐ Hold current certification as a massage therapist from a national certification board or program. **(Please supply copy of certificate)**

Do you have a current State of Alaska Business License Yes___ No___

(Please supply a copy of this license)

Do you have a current City of Valdez Business Registration Yes___No___

(Please supply a copy of this registration)

State of Alaska)
) ss:
Third Judicial District)

_____, being duly sworn, deposes and says that he/she is the individual making the foregoing application and that the answers to the questions and other statements contained in this application are true and complete to his/her knowledge.

Subscribed and Sworn to before me this _____day of_____,20____

_____
Signature of Applicant

_____
Notary Public
My Commission Expires:_____

License Expiration Date:_____, 20_____.

☐ License Fee Paid ($50.00 Original Application Fee)
($25.00 Renewal Fee)

Date License Issued:_____, 20_____

Issued By: _____
Sheri L. Pierce, CMC, City Clerk