

ALABAMA BOARD OF MASSAGE THERAPY APPLICATION PACKAGE REQUEST FORM

PLEASE SEND ME AN APPLICATION PACKAGE FOR LICENSURE
AS A MASSAGE THERAPIST IN THE STATE OF ALABAMA-

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

FAX NUMBER _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

FOR BOARD USE ONLY:
APPLICATION CONTROL NUMBER _____

A FEE OF \$25.00 MUST ACCOMPANY THE APPLICATION PACKAGE
REQUEST FORM. **(CASHIER'S CHECK OR MONEY ORDER ONLY.
NO CASH, BUSINESS, OR PERSONAL CHECKS ACCEPTED.)**

REMIT TO:

**Alabama Board of Massage Therapy
2777 Zelda Road
Montgomery, AL 361**