



Nevada State Board of Massage Therapy

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Reno, NV 89502

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Email: nvmassagebd@lmt.nv.gov

Website: <http://massagetherapy.nv.gov>

REPLACEMENT/DUPLICATE LICENSE FORM

1. Complete, sign, and have this affidavit notarized.
2. Send a copy of your current Driver License.
3. Include one passport sized photo taken within six months.
4. Send a money order or cashier's check for \$50.00.

****If changing your name please submit all pages of the name change document**

Date: _____ License #: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

CHILD SUPPORT INFORMATION

Please mark the appropriate response (**failure to mark one of the three will result in denial of the affidavit**):

I am **not** subject to a court order for the support of a child.

I **am subject to** a court order for the support of one or more children **and am in compliance** with the order or **am in compliance** with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

I **am subject to** a court order for the support of one or more children **and am NOT in compliance** with the order or **am NOT in compliance** with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Signature of Licensee: _____

Date: _____

*Pursuant to NRS 640C.430(1) An applicant for the issuance or renewal of a license as a massage therapist shall submit to the Board the statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to NRS 425.520. The statement must be completed and signed by the applicant.

AFFIDAVIT FOR DUPLICATE LICENSE

(NAME OF LICENSEE), affiant, being first duly sworn deposes and says, that he/she was last licensed by the Nevada State Board of Massage Therapy for the year of 20__/20__; and that the aforementioned license or renewal application Issued by the board was _____ (NAME CHANGE, ADDRESS CHANGE, LOST, MISPLACED, DESTROYED, OR STOLEN) by affiant, and after diligent search affiant has been unable to locate the aforementioned license or renewal application; that affiant does not know the location of the aforementioned license or renewal application; that affiant has not at any time given, loaned or transferred the aforementioned license or renewal application to any other person or firm for any purpose whatsoever; that affiant has not at any time allowed any person or firm to work under the aforementioned license; that affiant now desires the board to issue a duplicate license to replace or renew the aforementioned license or renewal application; that affiant has been advised that the Nevada State Board of Massage Therapy has determined that a false affidavit in application for a duplicate license or renewal of a license by a licensee of the board is grounds for revocation of any license issued by the board; and that if the aforementioned license or renewal application is found by affiant, affiant will immediately return it to the main office of the Nevada State Board of Massage Therapy by registered mail.

Signature of Licensee: _____ Date: _____

Signature of Notary: _____ Date: _____