



City of Scotts Valley – Police Department

MASSAGE PRACTITIONER REGISTRATION APPLICATION

Please fill out completely and accurately and provide to the Scotts Valley Police Department. All statements are subject to verification and any incorrect statements may result in the denial/revocation of the City certification. Please note, if there has been a change of your California Massage Therapy Council Certification status, change of employer, or change in employer address, you must provide such information to the Scotts Valley Police Department within ten days of such change.

APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING DOCUMENTS:

- ✓ Copy of the Applicant's driver license or other photographic identification card.
- ✓ Copy of your California Massage Therapy Council (CAMTC) certificate and CAMTC issued identification card.
- ✓ Application must be signed and dated.

Name (First, Middle, Last)	Date of Birth	CAMTC #
List any names you have used or have been known by and indicate the reasons why the name(s) was/were used		
Present residence address and telephone (Street, City, State, Zip)		
Name, address and telephone of business (Street, City, State, Zip)		
Type of treatment to be administered		

VERIFICATION

I hereby verify under penalty of perjury according to the laws of the State of California that all information contained in this application is true and complete. I authorize the Scotts Valley Police Department to investigate the truth of the information contained in the application. I understand that any fraud, misrepresentation or mistake of fact(s) contained herein will be grounds for denial of this application. I understand that failure to comply with the City of Scotts Valley's massage therapy regulations, or any federal, state or local law, may result in the suspension or revocation of my ability to conduct massage within the City of Scotts Valley.

Signature: _____ Date: _____