



**PERMIT APPLICATION
 MASSAGE THERAPIST
 DEPARTMENT OF HUMAN SERVICES**

Original <input type="checkbox"/>		Renewal <input type="checkbox"/>		Date:			MT#		
Last Name:				First Name:			Middle Name:		
Other Name:				Social Security No.:					
Address:				City		State		Zip	
Home Phone:				Work Phone:					
Previous Address:				City		State		Zip	
Current Employer:									
Address:				City		State		Zip	
Race:	Sex:	DOB	Ht.	Wt.	Eye Color	Hair Color	Complexion	Place of Birth	Age
Have you ever been convicted, plead Nolo Contendere or suffered a forfeiture on any felony charge or on a charge of violating any provision included in Sections 18.2-344 through 18.2-361, 18.2-365 through 18.2-387, 18.2-390, or 18.2-391 Code of Virginia (1950), as amended, which laws relate to sexual offenses or on a charge of violating a similar law of any jurisdiction? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, give details below									
Date	Offense				Location		Disposition		

FOR OFFICE USE ONLY			
Routing List	√	Date	Initials
Application Received			
License Fee Paid			
Fingerprints			
Photographs			
Police Clearance (DC)			
Police Clearance (VA)			
License Issued			
Mail License			
Pick-up License			

I swear (affirm) that all of the above information is true and correct to the best of my knowledge. I understand that it is unlawful for any person to make a false statement on this application and discovery of a false statement shall constitute grounds for denial of an application or revocation of permit.

Signature of Applicant

Sworn before me this _____ day of _____ 20____

Notary Public Signature

Commission Expires

(NOTARY SEAL)