



LICENSE VERIFICATION ARIZONA REQUEST FORM

A request for a letter of good standing, also known as verification to be sent to an agency or state board must be in writing. There is no fee for verifications. A copy will be placed in your file. Request can be emailed, US mail, or faxed 602-542-8804

Print Clearly

Licensee holder name _____

Licensee number MT- _____

Current Address _____

Include a SASE (self addressed stamped envelope) OR
A certified SASE to be returned to you to ensure that it received by the agency requested.

Send the verification/letter of good standing to:

Name

Address

Mail to: Massage Therapy Board
1400 W. Washington Room 300
Phoenix AZ 85007