



Arizona State Board of
Massage Therapy
“Protecting the Public’s Health”

1740 West Adams St., Suite 3401
Phoenix, Arizona 85007
E: info@massageboard.az.gov
W: <https://massagetherapy.az.gov>

Douglas A. Ducey,
Governor

REQUEST FOR DUPLICATE
WALL CERTIFICATE AND WALLET CARD

Please complete and return this form to the Arizona State Board of Massage Therapy.
Your request must be accompanied by the required fee of **\$25.00**.

LICENSEE INFORMATION:

Licensed Massage Therapist # _____

Last Name: _____ First Name: _____ M.I.: _____

REASON FOR REPLACEMENT/DUPLICATION:

MAIL TO: (Certificate and license will be mailed in a 9x12 envelope.)

Address of record on file.

Update my address of record indicated below:

Street Address

City State Zip

Country

PAY NOW

Please pay **\$25.00** using a physical money order or cashier’s check.

Personal Attestation:

I declare under penalty of perjury, under the laws of the State of Arizona, that the information given above is true and correct and that I am the person who was issued the original Arizona massage therapy license by the Arizona State Board of Massage Therapy. I further certify that the replacement or duplicate license, I am requesting, is not being obtained and will not be used for fraudulent purposes.

Signature: _____ Date: _____