



Douglas A. Ducey,
Governor

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

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**REQUEST FOR REPLACEMENT OR DUPLICATE
WALL LICENSE AND/OR 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. Payment can only be made by cashier’s check or money order made payable to the Arizona State Board of Massage Therapy.

Licensee Information:

Name: _____
Last Name First Name MI

License Number: _____

Requesting:

Please select which document you are replacing or duplicating:

Reason for Replacement/Duplication:

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: _____

NOTARY	
State of _____	(Notary Seal Here)
County of _____	
Subscribed and sworn to before me this _____ day of _____, 20____	
Signature of Notary Public	Date Commission Expires

The Americans with Disabilities Act: Persons with disabilities may request reasonable accommodations, such as sign language interpreters. Requests should be made as early as possible to allow time to arrange the accommodation. This document is available in alternative format upon request.