



Douglas A. Ducey,
Governor

Arizona State Board of Massage Therapy

“Protecting the Public’s Health”

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REQUEST FOR REPLACEMENT/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. Payment must be in the form of Cashier’s Check or Money Order made payable to the Arizona State Board of Massage Therapy.

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:

Address

City

State

Zip

Country

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: _____