



Douglas A. Ducey,
Governor

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

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REQUEST VERIFICATION
OF ARIZONA MASSAGE THERAPY LICENSE

Please complete this form if you are requesting that the Arizona State Board of Massage Therapy provide verification of a current or previously held Arizona massage therapist license. There is no fee for this service.

Requesting Massage Therapist:

Name: _____ License No.: MT-_____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Jurisdiction Verification is to be Mailed:

Name of Jurisdiction: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Signature

Date

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.