



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