

Registration for State of California Recognized Massage Certificate Holders

File # _____

Date _____

Renewal _____

Revision _____

Establishment _____ Technician _____ Practitioner _____

The City of Pleasanton requires all CAMTC card holder's to check in at the Pleasanton Police Department if you will practice massage at a permitted Establishment in our City. There is no filing fee charge.

Applicant Name _____ Sex _____

(Last, First Middle)

A.K.A.'s (Maiden / Former Married Names) _____

Home Address _____ City _____ Zip _____

Phone (Home) _____ (Cell) _____

Date of Birth _____ Place of Birth _____

CA Drivers license # _____ Social Security # _____

Height _____ Weight _____ Hair color _____ Eye color _____

Establishment Name _____

Establishment Address _____

Establishment Phone _____

Are you self-employed or an employee? _____

List ALL cities in which you will be operating, other than Pleasanton _____

**I hereby declare, under penalty of perjury, that the foregoing is true
and correct.**

Signature _____ Date _____

Printed Name _____

**Pleasanton Police Department
California Massage Therapy Council Certificate Holder
Acknowledgment**

I, _____, am certified to practice massage by the California Massage Therapy Council (CAMTC) pursuant to California Business and Professions Code Chapter 10.5 (Massage Therapy Act). I intend to practice massage in the City of Pleasanton and have filed with the City of Pleasanton evidence of the CAMTC certificate. I acknowledge that I must comply with all of the requirements in Pleasanton Municipal Code Chapter 6.24 (Massage) and all other applicable laws and regulations.

I declare, under penalty of perjury that the foregoing is true and correct.

Signed: _____ Date: _____

Print Name: _____ Place: Pleasanton,
California

Witness Signed: _____ Date: _____

Print Name: _____ Place: Pleasanton,
California