

# ALABAMA BOARD OF MASSAGE THERAPY APPLICATION PACKAGE REQUEST FORM

PLEASE SEND ME AN APPLICATION PACKAGE FOR LICENSURE  
AS A MASSAGE THERAPIST IN THE STATE OF ALABAMA-

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

FOR BOARD USE ONLY:  
APPLICATION CONTROL NUMBER \_\_\_\_\_

A FEE OF \$25.00 MUST ACCOMPANY THE APPLICATION PACKAGE  
REQUEST FORM. **(CASHIER'S CHECK OR MONEY ORDER ONLY.  
NO CASH, BUSINESS, OR PERSONAL CHECKS ACCEPTED.)**

**REMIT TO:**

**Alabama Board of Massage Therapy  
2777 Zelda Road  
Montgomery, AL 36106**