



INSTRUCTOR RENEWAL APPLICATION

ITEM	INFORMATION TO BE SUBMITTED	RESPONSE
1	EXISTING INSTRUCTOR RENEWAL WITH NO CHANGES IN INSTRUCTION CATEGORIES	YES NO – if you are requesting changes, please complete the SC.02
2	\$50.00 INSTRUCTOR RENEWAL APPLICATION FEE ATTACHED Money Order/Cashier's Check # _____	
3	\$100.00 INSTRUCTOR RENEWAL LATE FEE ATTACHED IF FILED AFTER THE JUNE 30 TH EXPIRATION DATE Money Order/Cashier's Check # _____	

Licensee's Name as it appears on the license certificate		
Applicant's Mailing Address (Not School's)		
City, State, and Zip		
Contact Phone Number		
Email Address		
Date of Birth		
Last Four (4) Digits of Social Security #		
Name of School Where You Are (or will be) Employed	NO CHANGE	N/A (Independent Instructor)
Are You an Independent Instructor and Not Currently Employed at a Massage School	YES	NO

SIGNATURE

DATE