



Mississippi State Board of Massage Therapy

APPLICATION FOR INACTIVE OR RETIRED STATUS

Full legal name as it appears on driver's license or passport:		
Last	First	Middle/maiden
Date of birth	Social Security #	LMT #
Email		
Home Address		
City	State	Zip
Mailing address, if different		
City	State	Zip
Home Phone	Cell Phone	Other Phone

I hereby request to keep my license on **inactive status**. I have enclosed all licenses issued to me. I understand that I must keep the Board informed of my current mailing address and phone number. I further attest that I shall not perform Massage Therapy in the state of Mississippi for compensation while on inactive status and I understand that no license will be issued to me while on inactive status. The inactive fee of \$30.00 (money order or cashier's check only – no personal checks accepted) is enclosed and is valid for 3 years. After 3 years of inactive statuses, a license is deemed expired.

License is attached

License is lost or not available

I hereby request that I be placed on **retired status**. I certify that I have held a Mississippi Massage Therapist License for a period of five (5) years with no fines or penalties imposed for the last three (3) years of active status. I understand that I shall not be issued a license nor shall I practice massage therapy.

License is attached

License is lost or not available

Signature: _____ Effective Date of Request: _____

Print Complete Name _____