



Mississippi State Board of Massage Therapy  
353 South Fourth Street, Morton, MS 39117  
Post Office Box 20, Morton, MS 39117  
601-732-6038  
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## VERIFICATION OF LICENSE FORM

### Instructions:

1. Complete and print out this form; and
2. Mail with the \$50.00 verification of license fee. **No personal checks, cash, credit cards or company checks will be accepted.**
3. Verification of license will be mailed out within ten (10) business days of receipt of your request form.

### MAIL COMPLETED FORM WITH \$50 FEE TO:

MS State Board of Massage Therapy  
Post Office Box 20  
Morton, MS 39117

Note: If you wish to overnight, please address to 353 South Fourth Street, Morton, MS 39117

Mississippi License Number: \_\_\_\_\_  
Name as it appears on your Mississippi license: \_\_\_\_\_  
Current Name (if different from above): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### State Licensing Agency you wish verification of your license to be mailed to:

Licensing Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SIGNATURE OF INDIVIDUAL MAKING REQUEST:	DATE OF REQUEST:
DATE PROCESSED BY MSBMT:	BY:

