

CITY OF ANTIOCH REGISTRATION OF MASSAGE THERAPIST

I, undersigned, being of sound mind, do declare under penalty of perjury under the laws of the State of California that the following information is true and correct to the best of my knowledge:

1. Name: _____

2. Address: _____

3. Telephone: _____

4. Address where massage services will be provided (check applicable locations):

_____, Antioch, CA (street address)

_____, Antioch, CA (street address)

on-call services performed at locations requested by clients

5. I have the following State certification (attach a copy):

Massage practitioner

Massage therapist

6. For a massage establishment, the following other individuals are the only individuals authorized to provide massage and their State certification level (attach copies):

Name, Address, Telephone number

Massage practitioner

Massage therapist

Name, Address, Telephone number

Massage practitioner

Massage therapist

Name, Address, Telephone number

Massage practitioner

Massage therapist

(attach additional sheets if necessary)

Executed on _____, at _____, California.

Signature

Name