



**San Ramon Police Department**  
**2401 Crow Canyon Road**  
**San Ramon, CA 94583**  
**Ph: (925) 973-2700**  
**Fax: (925) 838-2925**



## REGISTRATION

### MASSAGE THERAPY STATE CERTIFIED

Message Therapist  Massage Practitioner  Sole Proprietor/Owner-Operator

1. Full Name of Applicant \_\_\_\_\_

2. Home Address of Applicant \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

3. Physical Description of Applicant:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Sex \_\_\_\_\_

Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

4. Name of the Establishment \_\_\_\_\_

Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

5. Description of types of massage to be administered \_\_\_\_\_

\_\_\_\_\_

6. State certification expiration date \_\_\_\_\_

*I hereby certify that all statements made in this application are true and complete, and I understand that any misstatement of material facts may be grounds for suspension or revocation of the permit or city business license. I further understand that the state issued massage permit must be renewed with CAMTC and it is my obligation to renew this permit.*

I give my written authorization to the City or its agents to seek information and conduct an investigation into the truth of the statements set forth in my registration application. \_\_\_\_\_ (initials)

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Signature of Registrant

Date

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THE FOLLOWING MUST BE PROVIDED BY ALL REGISTRANTS:

- CAMTC State Certificate
- California Driver's License.
- Copy of City Business License. (Establishment only – Sole Proprietor)