



# MASSAGE THERAPIST REGISTER

Establishment Name:

Address:

Therapist Name:

Date of Birth:

Telephone #:

Current Address:

CAMTC certificate #:

CAMTC certificate expiration date:

Therapist Name:

Date of Birth:

Telephone #:

Current Address:

CAMTC certificate #:

CAMTC certificate expiration date:

Therapist Name:

Date of Birth:

Telephone #:

Current Address:

CAMTC certificate #:

CAMTC certificate expiration date:

Therapist Name:

Date of Birth:

Telephone #:

Current Address:

CAMTC certificate #:

CAMTC certificate expiration date:

Therapist Name:

Date of Birth:

Telephone #:

Current Address:

CAMTC certificate #:

CAMTC certificate expiration date:

I understand the business is required to maintain an updated list of massage therapists on file with the City at all times. A therapist may not perform massage at the business unless (1) the therapist is identified on the most recent list on file with the City, and (2) the therapist has appeared in person at the Finance Department to provide a copy of his or her CAMTC certificate and CAMTC identification card.

Responsible Party Name

Date

Responsible Party Signature

Phone