



2929 Tapo Canyon Road,
Simi Valley, CA 93063
(805) 583-6736
www.simivalley.org

**Massage Professional
Registration Form**

Registration form. All blanks must be filled in. If none, then enter "N/A". This form is required for all massage practitioners intending to provide massage services as an employee or independent contractor within the City of Simi Valley (SVMC § 5-15.06(b)).

(Please print)

Registrant's Full Name: _____

Other Names Used: _____

Home Address: _____

Email: _____ Phone: _____

Social Security No.: _____ Driver's License No.: _____ Date of Birth: _____

CAMTC Certificate No.: _____ Expires: _____

Applicant Plans to work:

Outcall/Off-premises only (additional permit required)

New Registration

At a Massage Establishment(s)

Change of Registration

Outcall/Off-premises and at a Massage Establishment

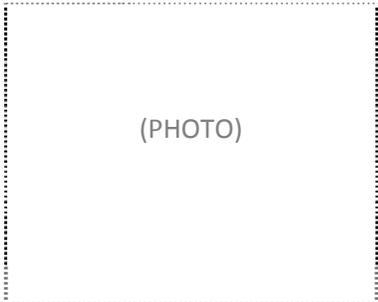
Massage Establishment(s) where applicant expects to be employed (list all locations where performed more than 5% of the time):

- 1) _____
Name Address
- 2) _____
Name Address
- 3) _____
Name Address
- 4) _____
Name Address

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct and that I have read and understand the requirements for Massage Professionals found in Chapter 5-15 of the Simi Valley Municipal Code.

Signed: _____ Date: _____

FOR OFFICE USE ONLY	Place received stamp below
CAMTC Verification (Copy attached)	
Driver's License or picture I.D. _____	
Notes: _____	
Photo ID: _____	



***** TYPE & PRINT FORM. ALL FORMS MUST BE SUBMITTED IN PERSON. *****