



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 only (if business owner, additional permit may be required)

New Registration

At a Massage Establishment(s)

Change of Registration

Outcall 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 15 of the Simi Valley Municipal Code Title 5.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY	
CAMTC Card Copy	W-4 Form
Driver's License or picture I.D.	Letter of Hire
CAMTC Certificate	Concurrent Owner?
Photo	



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