



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

**Massage
Professional
RENEWAL Form**

Registration Renewal form. All blanks must be filled in. If none, then enter "N/A". This form is required for all massage practitioners intending to renew their City Registration and continue 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)
- At a Massage Establishment(s)
- Outcall and at a Massage Establishment

PLEASE NOTE:

An up-to-date CAMTC card and certificate must be shown at time of renewal.

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

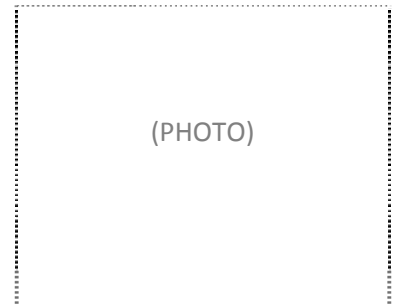
- 1) _____
Name Address
- 2) _____
Name Address
- 3) _____
Name Address
- 4) _____
Name Address

Applicants must provide an updated 2" color photograph with the renewal.

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, understand, and will follow the requirements for Massage Professionals found in Chapter 15 of the Simi Valley Municipal Code Title 5.

Signed: _____ Date: _____

FOR OFFICE USE ONLY
Updated CAMTC Verification (Copy of Card and Certificate)
Driver's License or picture I.D. _____
Notes: _____
Photo ID: _____



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