



City of Amarillo
 810 S. Buchanan
 Amarillo, Texas 79101
 806-378-6517

Application for Massage Therapist License

PART 1: BASIC INFORMATION

Applicant Full Legal Name: _____ New Application
 Annual Renewal

Aliases or other names by which Applicant has been known during the last 5 years:

Date of Birth: _____ SSN/ID: _____ Gender: M / F

Current Residence Address (NOT a P.O. Box):

Street Bldg/Ste # City State Zip

Current Mailing Address (used to receive mail from TDLR; may be a P.O. Box):

Street Bldg/Ste # City State Zip

Phone Number: _____ Email: _____

Texas Massage Therapist License #: _____ Expiration Date: _____

PART 2: REQUIRED ATTACHMENTS

Your completed application must include the following attachments:

1. **NON-REFUNDABLE** License Fee of \$50
2. Copy of applicant's government-issued identification card
3. Copy of applicant's Texas Massage Therapist License (exception: reflexology practitioners)

PART 3: SIGNATURES

The information I have submitted in this Application is true and accurate. **I have read, understand, and agree to follow all applicable state and local laws.**

Print Name: _____

Signature: _____

Date: _____