



DATE OF APPLICATION: _____

**CITY OF HALF MOON BAY
APPLICATION FOR CMTC MASSAGE TECHNICIAN REGISTRATION (C.O. 3.88)**

Please Print **LAST** **FIRST** **MIDDLE**

NAME OF BUSINESS WHERE EMPLOYED: _____

CITY OF HALF MOON BAY BUSINESS LICENSE NUMBER: _____

BUSINESS ADDRESS: _____ **PHONE:** _____

HOME ADDRESS: _____ **PHONE:** _____

DATE OF BIRTH: _____ **SEX:** _____ **HT:** _____ **WT:** _____ **Hair:** _____ **Eyes:** _____

ALIAS: _____ **SS#:** _____ **D/L:** _____ **STATE:** _____

List names and addresses of all massage establishments where you have been employed as a massage technician:

CMTC CERTIFICATE NUMBER : _____

GIVE A BRIEF STATEMENT OF THE TYPE OF SERVICES TO BE PROVIDED TO YOUR CUSTOMERS:

APPLICANT SIGNATURE: _____ **DATE:** _____

<p>DATE APPLICATION RECEIVED: _____ APPLICATION RECEIVED BY: _____</p>
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CITY OF HALF MOON BAY
Application for CMTC Massage Technician Registration
(C.O. 3.88)

ALL APPLICANTS ARE REQUIRED TO SUPPLY THE FOLLOWING ITEMS ALONG WITH THEIR APPLICATION:

1. Completed application form
2. Copy of driver's license or birth certificate or passport
3. Copy of current CMTC license or CMTC ID card

THE FOLLOWING WILL BE DONE AT THE SHERIFF'S HALF MOON BAY SUBSTATION:

1. Photo
2. Copy taken of driver's license or birth certificate or passport
3. Applicant's signature on City of HMB CMTC Registration Card