



**NORTH CAROLINA BOARD of MASSAGE  
AND BODYWORK THERAPY**

[www.bmbt.org](http://www.bmbt.org)

Mailing Address: PO Box 2539, Raleigh, NC 27602 Phone: 919.546.0050  
Location Address: 150 Fayetteville Street, Suite 1910, Raleigh, NC 27601

## Verification of License Form

### INSTRUCTIONS:

Print out the form and mail with the **\$20.00 verification of license fee**. The fee shall be in the form of a **money order, cashiers check or certified (bank) check only**. No personal checks, cash, credit cards or company checks will be accepted. Verification of license will be mailed out within ten (10) business days of receipt of your request form.

### Mail completed form with \$20 fee to:

**NC Board of Massage and Bodywork Therapy  
PO Box 2539  
Raleigh, NC 27602**

NC License Number: \_\_\_\_\_

Name as it appears on your NC license: \_\_\_\_\_

Current Name if different from above: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### State Licensing Agency you wish verification of your license to be mailed to:

Licensing Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_