



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

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: _____