



APPLICATION FOR MESSAGE PRACTITIONER

The San Francisco Massage Ordinance requires persons that are engaged in the practice of massage to be permitted by the Department of Public Health. An application will not be accepted until all applicable forms with required documentation are completed and returned with the appropriate application fee.

1. PERSONAL INFORMATION: (TYPE OF PERMIT) General Massage Advanced Massage Trainee

FULL LEGAL NAME (Give aka in parenthesis if desired) FIRST: MIDDLE: LAST:		HOME PHONE NUMBER	IDENTIFICATION TYPE <input type="checkbox"/> ID# <input type="checkbox"/> DL# _____ (state) <input type="checkbox"/> Passport #	
		CELL PHONE NUMBER		
HOME ADDRESS		CITY, STATE, ZIP CODE	SOCIAL SECURITY NUMBER	
PHYSICAL DESCRIPTION HEIGHT WEIGHT EYE COLOR HAIR COLOR		HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR IN THE PAST 5 YRS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PLEASE CHECK WHICHEVER OF THE FOLLOWING THAT APPLIES: <input type="checkbox"/> coercion or force & violence upon another <input type="checkbox"/> sexual misconduct against children <input type="checkbox"/> any offense requiring registration per Section 290 <input type="checkbox"/> sexual battery		
PER SEC. 1917, YOU MUST BE 18YRS OR OLDER TO WORK IN A MESSAGE ESTABLISHMENT. ATTACH A COPY OF YOUR BIRTH CERTIFICATE OR OTHER DOCUMENT SHOWING PROOF OF AGE. IF YOU MOVE, YOU MUST FILE A CHANGE OF ADDRESS WITH DPH TO KEEP YOUR PERMIT ACTIVE.				

2. WORK HISTORY: (For past 5 years. Work history does not have to be massage related)

BUSINESS / OCCUPATION	STREET ADDRESS, CITY, STATE	BUSINESS PHONE NUMBER	DATES WORKED -
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IF THERE ARE MORE THAN 2 ESTABLISHMENTS, PLEASE ATTACH AN ADDITIONAL SHEET LISTING THE REMAINING ESTABLISHMENTS AND THE REQUESTED INFORMATION. WHERE YOUR LICENSE OR PERMIT HAS BEEN REVOKED OR SUSPENDED, PLEASE DESCRIBE THE ACTIONS REQUIRING SUCH ACTION.			

3. TRAINING AND EXPERIENCE:

SCHOOL OR TRAINING FACILITY NAME	STREET ADDRESS, CITY, STATE	BUSINESS PHONE NUMBER	TYPE OF TRAINING REC'D	HRS TRN'D	DATE GRAD
SCHOOL OR TRAINING FACILITY NAME	STREET ADDRESS, CITY, STATE	BUSINESS PHONE NUMBER	TYPE OF TRAINING REC'D	HRS TRN'D	DATE GRAD
IF THERE ARE MORE THAN 2 SCHOOLS, PLEASE ATTACH AN ADDITIONAL SHEET LISTING THE OTHER TRAINING RECEIVED. ATTACH ORIGINAL DIPLOMA OR CERTIFICATE OF GRADUATION AWARDED BY SCHOOL OR TRAINING FACILITY.					

4. MESSAGE EXAM LANGUAGE:

ENGLISH CHINESE KOREAN SPANISH THAI VIETNAMESE JAPANESE

I declare under penalty of perjury the information on this application and other materials submitted in support of this application are true and correct. I hereby consent to all necessary inspections made pursuant to the Massage Ordinance and incidental to the issuance of any exemption, Registration or Permit, and use of this permit to operate.

PRINT NAME	SIGNATURE	DATE
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OFFICE USE ONLY

INSPECTOR'S REPORT

To the Director of Public Health-
After having made a careful review of submitted documents on _____ 20
I RECOMMEND the issuance of a New Permit to operate
I DISAPPROVE the issuance of a New Permit to operate for the following reasons:

PRINCIPAL INSPECTOR

INSPECTOR

FILING FEE	BACKGROUND PASSED DATE	TEST PASSED DATE	TEST NOT PASSED DATE(S)	OTHER PERMITS	PERMIT NO.	TYPE OF PERMIT/CLASSIFICATION
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