



IRVINE POLICE DEPARTMENT  
Regulatory Affairs

FOR OFFICE USE ONLY	
REGISTRATION:	<input type="checkbox"/> NEW
	<input type="checkbox"/> RENEWAL
MESSAGE PERMIT#	_____

# MASSAGE TECHNICIAN REGISTRATION APPLICATION

**INSTRUCTIONS:**

In order to process a Massage Technician Registration or Renewal, the following items must be submitted IN PERSON to the Regulatory Affairs Unit.

1. Completed Massage Technician Permit Registration Application form.
2. A copy of your California Massage Therapy Council (CAMTC) certificate or ID card.

**If you are a massage technician and an independent contractor, a business license is also required and is renewed annually.** For questions, contact the Irvine Police Department, Regulatory Affairs Unit at 949-724-7218.

## APPLICANT INFORMATION

LAST NAME		FIRST NAME		MI	DATE OF BIRTH	SEX
						<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
WEIGHT	HEIGHT	EYES	HAIR	DRIVER'S LICENSE NUMBER		STATE
SOCIAL SECURITY NUMBER		U.S. CITIZEN		RESIDENT ALIEN NUMBER		
		<input type="checkbox"/> YES <input type="checkbox"/> NO				

## RESIDENTIAL ADDRESS

ADDRESS (CURRENT)				DATES RESIDED	
CITY		STATE	ZIP	RESIDENTIAL PHONE	
MAILING ADDRESS				MOBILE PHONE	
CITY		STATE	ZIP	ALTERNATE PHONE	

## EMPLOYMENT

1. EMPLOYER NAME (CURRENT)			OCCUPATION	CAMTC MEMBER#
ADDRESS			DATES OF EMPLOYMENT	
CITY		STATE	ZIP	BUSINESS PHONE

# MASSAGE TECHNICIAN REGISTRATION APPLICATION

2. EMPLOYER NAME			OCCUPATION	CAMTC MEMBER#
ADDRESS			DATES OF EMPLOYMENT	
CITY	STATE	ZIP	BUSINESS PHONE	

## MESSAGE LOCATION INFORMATION

- EMPLOYEE OF MESSAGE ESTABLISHMENT       INDEPENDENT CONTRACTOR       OUT-CALL       CHAIR MESSAGE ONLY

NAME OF ESTABLISHMENT (IF CHIROPRACTOR, PROVIDE DOCTOR'S NAME)			
ADDRESS			DOCTOR'S NAME
CITY	STATE	ZIP	PHONE

## DISCLAIMER

I have received and read a copy of the City of Irvine Municipal Code §§ 2-10-301 through 2-10-319 and I agree to comply with each section fully.

I hereby certify, under penalty of perjury, the information provided on this application is true and correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## FOR OFFICE USE ONLY

- CAMTC CERTIFICATE VERIFIED  
 FEES PAID; AMOUNT: \_\_\_\_\_  
 BUSINESS LICENSE, IF APPLICABLE      REVIEWED BY: \_\_\_\_\_      DATE: \_\_\_\_\_