

MONTANA BOARD OF MASSAGE THERAPY
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LETTER OF GOOD MORAL CHARACTER

APPLICANT: Complete the upper portion of this form and mail to each of your references.

Legal Signature of Applicant Date

(Please Type or Print)
Name of Applicant: _____

Address: _____

This form sent to: _____
Name of Reference

REFERENCE: Please answer the following questions concerning the applicant. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Massage Therapy. Your response will be kept confidential. Please mail directly to the board office.

Name of reference: _____ Daytime phone: _____

Address: _____

Title/profession/position: _____

How long have you known the applicant? _____ In what capacity? _____

Please comment on the applicant's good moral character (attach additional sheet if needed):

Based on the comments above, would you recommend this applicant for approval to be licensed as a Massage Therapist to practice in Montana? Yes No

Signature of Reference Date

The Applicant and the Board thank you for your assistance.