NAME:

MONTANA BOARD OF MASSAGE THERAPY

PO BOX 200513 301 S PARK, 4TH FLOOR Helena, Montana 59620-0513 (406) 841-6880

EMAIL: <u>dlibsdlmt@mt.gov</u>

WEBSITE: www.massagetherapists.mt.gov

REQUEST TO CONVERT AN INACTIVE LICENSE TO ACTIVE STATUS

NAME:	-	MONTANA LICENSE NUMBER:
:	1. 2.	Submitting this form as prescribed by the department; and Paying the balance of the renewal fee (\$45) that would be due for an active license in the then-current renewal period; and Providing proof that either of the following were completed within 12
		months of activation: (i) six hours of continuing education; or (ii) any of the examinations identified in ARM 24.155.604.
Signature:		e: Date: