



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**MAS**

FOR DIVISION USE ONLY

**Board of Massage Therapists**

PO Box 110806, Juneau AK 99811

Phone: (907) 465-2550

Email: [BoardOfMassageTherapists@Alaska.Gov](mailto:BoardOfMassageTherapists@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfMassageTherapists](http://ProfessionalLicense.Alaska.Gov/BoardOfMassageTherapists)

**Massage Establishment Registration Renewal**

**October 1, 2023 – September 30, 2025**

- Your registration lapses after September 30, 2023. There is no grace period — it is illegal to work if your registration has lapsed.
- Emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.

**PART I Payment of Fees**

<b>Renewal Fees:</b>	<input type="checkbox"/> Biennial Registration Renewal <i>(For registrations first issued on or before September 30, 2022)</i>	<b>\$300.00</b>
	<input type="checkbox"/> Prorated Registration Renewal <i>(For registrations first issued on or after October 1, 2022)</i>	<b>\$150.00</b>

**PART II Personal Information**

<b>Business Type:</b>	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP			
<b>Owner Name:</b> Name change: <input type="checkbox"/>				
<i>If you have had a legal name change since your last registration was issued, you must complete a <a href="#">Change of Name form</a>.</i>				
<b>Mailing Address:</b> Address change: <input type="checkbox"/>	P.O. Box or Street	City	State	Zip
<b>Contact Phone:</b>			<b>Date of Birth:</b>	
<b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.				
<b>Email Address:</b>			<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<b>Note: If both boxes are selected above, you will receive correspondence electronically.</b>				
<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.				

**PART III Partnership Information (If Applicable)**

<b>Partner Name:</b>		<b>Date of Birth:</b>	
<b>Email Address:</b>		<b>Phone Number:</b>	
<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			

**PART IV Establishment Information**

<b>Establishment Name:</b>		<b>Registration Number:</b>	
<b>Physical Address:</b>	Street	City	State Zip
<b>Point of Contact Name:</b>		<b>Point of Contact License Number:</b>	
<b>Email Address:</b>		<b>Phone Number:</b>	



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**MAS**

FOR DIVISION USE ONLY

**Board of Massage Therapists**

PO Box 110806, Juneau AK 99811

Phone: (907) 465-2550

Email: [BoardofMassageTherapists@Alaska.Gov](mailto:BoardofMassageTherapists@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfMassageTherapists](http://ProfessionalLicense.Alaska.Gov/BoardOfMassageTherapists)

**Signature Page**

<b>Applicant Name:</b>	
------------------------	--

**PART V Agreement**

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

<b>Applicant Signature:</b>	<b>Date Signed:</b>	
-----------------------------	---------------------	--



**Board of Massage Therapists**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [BoardOfMassageTherapists@Alaska.Gov](mailto:BoardOfMassageTherapists@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfMassageTherapists](http://ProfessionalLicense.Alaska.Gov/BoardOfMassageTherapists)

## Change of Name – Renewal

If you have had a name change since your last license was issued, please complete this form showing your current and former name. You can choose to either attest to your name change with a notarized statement or submit a certified copy of the legal document showing the name change (marriage certificate, divorce decree, court ruling). 12 AAC 44.930

<b>Previous Name:</b>			
<b>Current Name:</b>			
<b>Effective Date:</b>		<b>License Number:</b>	

### Notarized Signature

By my signature below, I hereby certify the following:

- I have changed my name, according to the information listed above.
- All of the information contained herein, and evidence or other documents submitted herewith, are true and correct.
- I understand I must attach a copy of the legal documentation showing the name change.

Notary Stamp	<b>Applicant Printed Name:</b>			
	<b>Applicant Signature:</b>			
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>	

## General Information

### APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on September 30 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. Renewal notices are provided at least 30 days prior to the expiration date on file, in accordance with AS 08.01.050. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

### PROFESSIONAL FITNESS QUESTIONS:

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

### RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

### SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

### PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

### ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

### PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

### STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
EMAIL: [RegulationsAndPublicComment@Alaska.Gov](mailto:RegulationsAndPublicComment@Alaska.Gov)



THE STATE  
of **ALASKA**  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Profession Type (e.g., Acupuncture): \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

**AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (fine, exam, etc.): \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
<p>1. Credit Card Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Security Code: _____</p>	<p>All 3 fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>