



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  
(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, 2021 – September 30, 2023

- Your license lapses after September 30, 2021. There is no grace period - it is illegal to work if your registration has lapsed.
- 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.

#### PART I Payment of Fees

<b>Renewal Type:</b>	<input type="checkbox"/> Full-Term Biennial Registration Renewal <i>(for registrations first issued on or before September 30, 2020)</i>	<b>\$300.00</b>
	<input type="checkbox"/> Prorated Registration Renewal <i>(for registrations first issued on or after October 1, 2020)</i>	<b>\$150.00</b>

#### PART II Personal Information

<b>Type of Business:</b>	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> * Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC/LLP
<b>Owner's 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 the Renewal Change of Name form (#08-4790a).</i>				
<b>Date of Birth:</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.				
<b>Mailing Address:</b> This is an address change: <input type="checkbox"/>				
<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>			<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail	

#### PART III Partnership Information

*\* If Partnership, you must also provide the following information.*

<b>Name of Partner:</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.				
<b>Partner's Date of Birth:</b>		<b>Partner's Phone Number:</b>		

**PART IV Establishment Information**

Establishment Name:		Alaska Establishment Registration Number:	
Physical location of Establishment:		Establishment Phone Number:	

**Point of Contact**

Provide the following information for the massage establishment's point of contact.	
Name	License Number



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## Signature Page

<b>Applicant Name:</b>	
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### **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's Signature:</b>		<b>Date:</b>	
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## Change of Name - Renewal

Complete the following section, showing your present and former name. This form must be notarized and submitted to the division with a copy of the court order or marriage certificate.

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

By my signature below, I hereby certify the following:

- I have changed my name, according to the information listed above.
- I further certify 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's Printed Name:</b>		
	<b>Applicant's Signature:</b>		
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>
	<b>Notary's 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 and sent to you. 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. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

### "YES" RESPONSES:

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 both charging and closing court documentation.

### 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, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that 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.

### CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### SOCIAL SECURITY NUMBERS

In accordance with AS 08.01.060, the department is not authorized to issue a license to a natural person, unless the applicant's Social Security Number has been provided to the department. If you are a foreign citizen unable to obtain a United States Social Security Number, please contact the division for further instructions or obtain the Exception from SSN Requirement (Form #08-4372), from the division web site at [www.commerce.alaska.gov/occ/](http://www.commerce.alaska.gov/occ/).

### 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](http://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.

### 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](http://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)