

City of Tulsa
License and Collections
111 S Greenwood Avenue
(918) 596-7640

How to apply for a Massage Apprentice license

1. Complete attached application. Business Licensing requires a copy of each applicant's driver's license or other state issued ID *and* a copy of the Social Security card. *If the Social Security card has the work restriction language, another qualifying document will be required.*
2. Application must be signed by the licensed Massage Technician or Therapist who will be directly supervising the apprentice. Technicians and therapists must prove twelve (12) consecutive licensed months of actual business operations as a prerequisite for sponsoring a Massage Apprentice. They may be designated as the Direct Supervisor for no more than two (2) Massage Apprentices at any one time.
3. Applicant must submit documentation evidencing successful completion of training in contra-indicators of massage. Please contact Teri Etter at 828-5453 for information on the next class date.
4. Applicant will be fingerprinted as part of the application process.
5. Fees:
 - **\$34.00** processing fee
 - **\$135** license fee
6. After an application has been submitted, a background investigation will be conducted. Usually, the license can be issued immediately; however, processing may be delayed if information found during the initial background check requires additional research.
7. Once issued, a license may be revoked if it is later discovered that the applicant/licensee did not qualify for the license or failed to correctly complete the application.
8. Applications are processed from 8:00 a.m. to 3:00 p.m., Monday through Friday.
9. **Important:** It is assumed that the applicant has read and is familiar with the requirements of Tulsa's Massage Business Ordinance, Title 21 TRO Chapter 13, prior to completing the application for a license.

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**Massage Apprentice Application
(Please print or type legibly)**

Name: First	Middle	Last	Social Sec. Number
Business Address		ZIP	Business Phone
Home Address		ZIP	Home Phone
Mailing Address		ZIP	Other Phone

Personal History

Former Names	City/State/Country of Birth	Date of Birth	Citizenship	Race	
Height	Weight	Eyes	Hair	Sex	Marital Status

**List all employers for last two years.
(Begin with most recent)**

Employer	Address	From	To	Position/Duties

**List complete addresses for last two years.
(Begin with most recent)**

Address	City/State/Zip	From	To

Background Criminal Check Information

(Do not include traffic violations.)

Have you, within the last ten years, been:

- | | | | | | |
|-----------------------|-----|----|------------------------------|-----|----|
| • Arrested | yes | no | • Convicted | yes | no |
| • Pled Guilty | yes | no | • Indicted | yes | no |
| • On Probation | yes | no | • Pled Nolo Contendre | yes | no |

If you answered "yes" to any of these questions, list below in complete detail the dates, charges, place of arrest and disposition of charges. (Failure to make a full disclosure will result in a denial of the application or a revocation of the license if information requested was not given.)

Massage Occupation History

Have you ever held a massage license before? yes no

- Where? _____
- What type of license? _____
- From what date to what date? _____

Has your massage license or permit ever been suspended or revoked? yes no

- Explain: _____

List all previous massage experience/employment NOT mentioned earlier:

Employer	Address	From	To	Position/Duties

I, _____, understand any false statements made on this application and violations of any applicable provisions of the massage business ordinance are grounds for denial of the applied for license(s).

Signed: _____ Date: _____

Applicant

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**This section must be completed by the City of Tulsa licensed technician or therapist who will be the Direct Supervisor of the Apprentice.**

Printed name: \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone: \_\_\_\_\_ License #: \_\_\_\_\_

How long have you had your tech or therapist license? \_\_\_\_\_

Name(s) of current apprentices and status of supervision:

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

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

I, \_\_\_\_\_, hereby certify that I have had a minimum of twelve (12) consecutive months of actual business operations as a licensed Massage Therapist or Massage Technician. I also understand that I may be the Direct Supervisor for no more than two (2) Massage Apprentices at any one time, and that any changes regarding the apprentices that I supervise must be reported to Business Licensing within five (5) business days.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Technician/ Therapist