



RIVERSIDE POLICE DEPARTMENT

MESSAGE ESTABLISHMENT EMPLOYEE

INFORMATION SHEET



Applicant's
Name: _____ (Last) _____ (First) _____ (Middle) _____ Date of Birth _____

List any and all names, nicknames or aliases you have used in the past:

_____ Home Address _____ City _____ State _____ Zip _____

Home Telephone # _____ Cell Phone # _____

Driver's License or Identification Number: _____ State of Issuance: _____

California Massage Therapy Council Certificate (CAMTC) Number: _____ Exp. Date: _____

Are you an Independent contractor? ☐ Yes ☐ No If "Yes," attach a copy of your business tax license.

Current employment location: _____
(Business Name)

_____ Business Street Address _____ City _____ State _____ Zip _____

Business Telephone Number: _____

I declare under penalty of perjury under the laws of the State of California that the above information I am submitting is true and correct.

_____ Applicant's Name (Print) _____ Applicant Signature _____ Date _____

*** This application must include original certificate and permit card issued by the California Massage Therapy Council (CAMTC) along with California drivers license or California issued ID. Copies will be made. Renew Annually. (Review Riverside Municipal Code (RMC) 5.52.110E Registration for State Certificate Holders. ORIGINAL CERTIFICATE MUST BE POSTED WHILE WORKING.**

This Section Will Be Completed by Riverside Police Department

Reviewed by: _____ Title _____
Police Department Employee Only