



RIVERSIDE POLICE DEPARTMENT

MESSAGE ESTABLISHMENT EMPLOYEE INFORMATION SHEET

Last Name:	First Name:	Middle Name:	Date of Birth:
List any and all names, nicknames or aliases you have used in the past:			
Home Address:	City:	State:	Zip:
Home Telephone Number:		Cell Phone Number:	
Email Address:			
Driver's License or Identification Number:		State of Issurance:	
California Massage Therapy Council Certificate (CAMTC) Number:		Exp. Date:	
Are you an Independent contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If "Yes," attach a copy of your business tax license.</i>			
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.**

* 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 (Police Department Employee Only):	Title:
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