



CALIFORNIA MASSAGE THERAPY COUNCIL
Representative
Authorization Form

Office Use Only

Use this form to authorize an individual to communicate with CAMTC on your behalf.

Instructions for authorizing a representative:

In order for a person other than the applicant or certificate holder to communicate with CAMTC on the applicant's/certificate holder's behalf, the applicant or certificate holder must complete, sign and submit the form below. This form cannot be used to authorize more than one individual, and prior to acceptance CAMTC may contact you to verify your submission of the form. If you choose to do so, please complete, sign and date the form. Email the completed form from your email address on file to info@camtc.org, or physically mail the completed form using your return address on file to:

California Massage Therapy Council
Attention: Representative Authorization
One Capitol Mall, Suite 800
Sacramento, CA 95814

Authorize a representative:

I, _____, hereby authorize _____ (hereafter "Representative") to communicate with CAMTC on my behalf in relation to my application, certification, and any and all issues related to my CAMTC application or certification. I further authorize CAMTC to share any and all documents and information related in any way to me and my application for CAMTC certification or my CAMTC certificate with my Representative. This authorization shall remain in full force and effect until I notify CAMTC in writing that it has been rescinded.

CAMTC ID Number: (if you know it)		CAMTC Certificate Number:	
--	--	---------------------------	--

Print Your Full Legal Name:	
------------------------------------	--

Signature:		Date:	
-------------------	--	--------------	--

**This form MUST be signed and submitted by the applicant or certificate holder.
Unsigned forms and forms from other sources cannot be accepted.**