



**NOTIFICATION OF PERSONNEL CHANGE / UPDATE**  
**INCOMPLETE NOTIFICATIONS WILL NOT BE ACCEPTED**

**BUSINESS INFORMATION:**

Legal Massage Business Name: \_\_\_\_\_

Business Address / City / State/ Zip: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

All persons practicing massage therapy at this business must possess current California Massage Therapy Council (CAMTC) certification pursuant to San Mateo County Ordinance (SMCO) Section 5.44.030 (a).

**LIST ALL PRACTITIONERS AND THEIR CAMTC CERTIFICATION NUMBERS BELOW**

**SUBMIT COPY OF CAMTC WITH PHOTO FOR EACH NEW EMPLOYEE**

Name of Massage Therapist	Certificate Number	Certificate Expiration Date	Date of Employment / Termination	Type of Personnel Change
1.	CAMTC-			
2.	CAMTC-			
3.	CAMTC-			
4.	CAMTC-			
5.	CAMTC-			
6.	CAMTC-			

I, (PRINT NAME) \_\_\_\_\_ have submitted true / correct information, and am responsible for the conduct of employees / contractors providing massage services in the business. Failure to comply with provisions of SMCO Chapter 5.44 and 5.64, may result in revocation of the County Massage Registration Certificate for the business.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**OFFICIAL USE ONLY**

PR #: \_\_\_\_\_ APPROVED:  Yes  No Inspector Name: \_\_\_\_\_