



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## MESSAGE THERAPIST LICENSE APPLICATION INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER. DO NOT SEND CASH.

1. **NAME** – Provide your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. **DO YOU HAVE A SOCIAL SECURITY NUMBER** – Check YES or NO to indicate if you have been issued or assigned a Social Security Number by the Social Security Administration. If you do not have a Social Security Number you must complete the Occupational License Application Claiming to Have No Social Security Number. **SOCIAL SECURITY NUMBER** – Write your Social Security Number. Social Security Number disclosure is required by Section 231.302(c) (1) of the Texas Family Code to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#).
3. **DATE OF BIRTH** – Provide your birthdate. Applicant must be at least 18 years of age to obtain a massage therapist license.
4. **GENDER** – Select whether you are male or female.
5. **PHONE NUMBER** – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
6. **MAILING ADDRESS** – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
7. **EMAIL ADDRESS** – By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
8. **LICENSE QUALIFICATIONS** – Place a check in the box next to the license qualifications you are using to apply for a license. Be sure the application is complete and all supporting documentation (transcripts, exam results, etc.) are included. Applicants who take the MBLEx, or another state's examination, are required to also successfully pass a jurisprudence exam. Applicants who take the Texas Massage Exam are not required to successfully pass a jurisprudence exam.
9. **HOLD OR HAVE EVER HELD A MESSAGE THERAPY LICENSE ISSUED BY ANY OTHER STATE, JURISDICTION OR TERRITORY** – If YES, give license or certificate number(s), title(s), name(s), and address(s) of the jurisdiction(s) issuing the license(s) or certification(s).
10. **CRIMINAL HISTORY** – Indicate if you have ever been convicted of or placed on deferred adjudication for any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense.  
If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a [Criminal History Evaluation Letter \(PDF\)](#), a completed Criminal History Questionnaire form for each crime you were convicted of or placed on deferred adjudication for and a \$10.00 fee. You can find more information on the process and download the necessary forms on the [TDLR website](#).

**REQUIRED FOR ALL NEW APPLICANTS:**

**Fingerprinting:** All new applicants must submit fingerprints for a national criminal history record review. The applicant is responsible for paying the fee associated with this review to the fingerprint service vendor used by Texas Department of Public Safety. Once your completed application is received by TDLR, instructions on how to schedule an appointment to be fingerprinted will be emailed to you. Be sure your email address is current and legible to receive the fingerprinting information. To be eligible for licensing, you must successfully pass a criminal history background check.

11. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had a professional license, certification, or registration suspended, canceled, revoked, or denied in any state. If Yes, complete and attach a [Disciplinary Action Questionnaire \(PDF\)](#) for each disciplinary action.
12. STATEMENT OF APPLICANT – Carefully read the statement before dating and signing your application

**THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED:**

- A completed application;
- An official transcript(s) of all relevant course work;
  - Electronic transcript(s) will be accepted if emailed to [cs.transcript@tdlr.texas.gov](mailto:cs.transcript@tdlr.texas.gov) from the school's secure site. We do not accept electronic transcripts from the applicant.
- Proof of successfully passing required examination;
- Proof of successfully passing the jurisprudence exam (unless taking the Texas Massage Exam); and
- The required \$100 application fee.

**If you are applying from Out-of-State the additional documents may be submitted:**

- Verification letter from other states in which you are licensed;
- School accreditation approved by the licensing entity or the education agency in that state; and
- Course description from the accredited school.

**APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES**

The Texas Department of Licensing and Regulation recognizes the contributions of our active-duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the [Military Service Member, Military Veteran or Military Spouse Supplemental Application \(PDF\)](#) and attach it with your license application.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the [TDLR Military Information web page](#).

**SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

TDLR  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. **Do not send cash.**

For additional information and questions, please visit the [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#) or fax (512) 475-2871. You may contact Customer Service Representatives by calling (800) 803-9202 (in state only) or (512) 463-6599; Relay Texas -TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

**TDLR Public Information Act Policy:**

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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## MASSAGE THERAPIST LICENSE APPLICATION

**APPLICATION FEE: \$100.00 (FEE IS NON-REFUNDABLE)**

This completed form must be accompanied by all required documents and the application fee.

**1. Name**

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

**2. Do you have a Social Security Number (SSN):**  Yes  No (If No, additional information is required. See instruction sheet.)

If Yes, please provide your Social Security Number: \_\_\_\_\_  
(See instruction sheet for disclosure information)

**3. Date of Birth:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month /Day/Year

**4. Gender:**

Male  Female

**5. Phone Number:**

\_\_\_\_\_ (Area Code) Phone Number

**6. Mailing Address:**

\_\_\_\_\_  
P.O. Box, Number, Street Name/Apartment Number, City, State, Zip Code

**7. Email Address:**

\_\_\_\_\_  
(ex: johndoe@gmail.com) See instruction sheet for disclosure information

**8. License Qualifications - Select one (1) choice from the list below:**

**DO NOT USE THIS APPLICATION** if you currently hold a Massage Therapy Student Permit **and** you have a Social Security Number. To obtain approval to take an examination, log in to the [TLDR Online Licensing Services](#) system and choose Upgrade to Massage Therapist by Texas Exam OR Upgrade Student to Massage Therapist (MBLEx).

I have completed a 500 or 500+ hour course and I have taken and passed the Massage and Bodywork Licensing Examination (MBLEx) within the last two years. Attach examination results. (1022)

I have completed a 500 or 500+ hour course, I am currently licensed in another state in good standing, and I have taken and passed the MBLEx or another state's licensing exam. Attach MBLEx or state examination results. (1030)

I have recently completed a 500 or 500+ hour course; at a Texas massage school or college or an out of state school and I want to take the Texas Massage exam. (1010)

I have completed a 500 or 500+ hour course; at a Texas massage school or college or an out of state school and I want to take the national Massage and Bodywork Licensing Examination. (1022)

**9. Do you hold, or have you ever held, a massage therapy license(s), issued by any other state(s), jurisdiction, or territory?**

Yes  No

If **Yes**, give the license or certificate number(s), title(s), and address(s) of the jurisdiction(s) issuing the License or certification:

**The additional documents must be submitted:**

- Verification letter from other states in which you are licensed;
- School accreditation approved by an education agency in that state; and
- Course description/evaluation approved by an education agency in that state.

License or certificate number: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
P.O. Box, Number, Street Name/Apartment Number, City, State Zip Code

License or certificate number: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
P.O. Box, Number, Street Name/Apartment Number, City, State Zip Code

**10. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?**

Yes  No

If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.

**See instructions sheet for more information**

**11. Have you ever had a professional license, certification or registration suspended, canceled, revoked or denied in any state?**

Yes  No

If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application.

**This does not include your driver's license**

**12. STATEMENT OF APPLICANT**

I certify that I will comply with all applicable laws and rules related to my licensed occupation or profession. I further certify that all information I have provided is true and correct. I understand that providing false information may result in denial of this application and/or revocation of the license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date