



South Dakota Board of Massage Therapy

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E-mail: sdbomt@gmail.com

website: doh.sd.gov/boards/Massage/

Request for Licensee List

The South Dakota Board of Massage Therapy provides a mailing list of licensed massage therapists, including only name and primary mailing address of a licensee, for the one time purpose of providing the licensees with information about continuing education opportunities. Some licensees have opted out of third party mailings and are not included in the mailing list provided by the Board.

To obtain a mailing list of licensed massage therapists please complete the following form, have it notarized and mail it, with payment, to our office. Please be sure to include the e-mail address where you would like the list sent.

The mailing list is available electronically in a PDF format and includes name and mailing address. The fee for the list is \$300.00 and must be received before the list will be provided.

Fee of \$300.00 enclosed

Email Address: _____

Name of Requestor: _____

Name of Contact Person (if business is requesting): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Intended ONE TIME use of mailing list: _____

SDCL 1-27-1: Any list released or distributed under this section may not be resold or redistributed. Violation of this section by the resale or redistribution of any such list is a Class 2 misdemeanor.

By my signature below I verify, under penalty of perjury, that I am the requestor completing this application and that all information submitted is true and correct to the best of my knowledge. I further understand that this list distributed by the South Dakota Board of Massage Therapy will be used only one time and will not be resold or redistributed.

To be signed in the presence of a Notary Public

Signature of Requestor

Date

State of _____)

)SS

County of _____)

On this _____ day of _____, 20____, the above requestor _____ personally appeared, known to me or satisfactory proven to be the same person whose name is subscribed to the written instrument, and acknowledged that she/he executed the same for the purposes therein contained. In witness whereof, I have hereunto set my hand and official seal.

(SEAL) _____, Notary Public
Notary Printed Name _____
My Commission Expires _____

For Office Use Only: Check # _____ Amount _____ Dated _____