



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Massage Therapy
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DUPLICATE LICENSE REQUEST FORM

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Pursuant to **SC Code §40-30-140(B)** A person licensed as a massage therapist under this chapter shall display his original license with a two inch by two-inch current photo in a prominent and conspicuous place that is viewable by the general public in the massage therapy establishment or sole practitioner establishment. If a massage therapist provides massage therapy services outside of the massage therapy establishment or sole practitioner establishment, then the massage therapist must carry his original licensing card so that it is available at all times.

At the time of initial licensure or renewal of a license, the licensee is issued one (1) wall certificate. The first duplicate license request after receipt of the wall certificate from the initial issuance of a license or renewal, the licensee will only be issued one (1) duplicate wall certificate. Any additional request for a duplicate license will be reviewed by the Board Executive and may result in the licensee making an appearance before the Board

Complete this form in its entirety and submit:

- Check or money order in the amount of \$10 made payable to the SC Board of Massage Therapy. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. All fees are non-refundable.
- Copy of a valid state issued ID, driver's license, passport or federal issued ID.
- Marriage License, Divorce Decree, etc. if applicable
- Current 2x2 passport style photo dated within 6 months

I. LICENSEE INFORMATION

Name: _____

License Type: _____ License No.: _____

Email: _____ Last 5-Digits of SSN or FEIN.: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Home Phone: _____ Cell Phone: _____

II. REASON FOR REQUEST:

III. ATTESTATION AND SIGNATURE:

I, _____, am the person described and identified and the person named in all documents presented in support of this form.

Should I furnish any false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice massage therapy in South Carolina.

Signature of Licensee

Date