

Payment Form

Date: _____ Name: _____ App/LMT #: _____

Payment for:

License Reprint: Amt \$ 10.00 each Qty: _____

*If request is due to change of name, please include either a copy of a current driver's license or a copy of the court document that legalizes the change of name.

Verification of Licensure: Amt \$ 10.00 each

*Provide the required verification form from the other state or provide information on where to send the OBMT verification form.

Other: _____

*Contact office to confirm if a fee is associated with request.

Notes/Comments: _____

For office use: Payment was authorized via phone. _____ Initials _____ Date _____ Last 4 digits

By my signature below, I authorize the Oregon Board of Massage Therapists to debit my credit card or debit card the indicated authorized amount.

Signature _____ Date _____

Note: Once payment processed, please remove this section and shred

Payment Type:

Check:
(Make payable to OBMT)

Cash

Check-M/O:

Amount: \$ _____

Visa / **MasterCard**

Card #: _____ Exp Date: _____

V-code: _____ (for Visa **ONLY**, reverse side of card)

Amount Authorized to Charge: \$ _____

Billing Address of Card: Street #: _____ Zip Code: _____

(Example: Write 728 for 728 Hawthorne Ave NE. Do not write the entire address.)

Submit request and appropriate payment to:

Oregon Board of Massage Therapists
728 Hawthorne Avenue NE
Salem, Oregon 97301
Fax #: 503-385-4465