

**NORTH DAKOTA STATE BOARD OF MASSAGE
AFFIDAVIT OF COMPLIANCE BY APPLICANT**

Application License to practice Massage Therapy in North Dakota
according to the North Dakota Century Code chapter 43-25

I, _____ of _____
(Print name of applicant) (Permanent Street Address)

-----, -----
(City) (State) (Zip Code)

hereby make application in accordance with the North Dakota Century Code section 43-25. I hereby certify that:

- I am more than 18 years of age and of good moral character and temperate habits,
- I am not addicted to habitual use of any habit forming drug(s),
- I have not been guilty of immoral or unprofessional conduct,
- I will not diagnose any ailments or prescribe any medicines or drugs in connection with my practice of massage,
- I do not have a physical or mental condition or communicable disease that would jeopardize the health of any prospective client, and
- I will abide by the North Dakota Century Code chapter 43-25.

Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

SEAL