

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

Application for examination for Certification to practice Massage in North
Dakota according to the North Dakota Century Code Laws

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

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

Hereby make application in accordance with provision of the North
Dakota Century Code

I hereby certify that I am more than 18 years of age, a high school
graduate, and of good moral character and temperate habits.

I am not addicted to habitual use of any habit forming drugs, I have
not been guilty of immoral or unprofessional conduct, and that I will not
diagnose any ailments, classified diseases of human beings in connection
with my practice of massage, and that I will abide by the North Dakota
Century Code.

Signature Date: _____

STATE OF _____

COUNTY OF _____

In said County on this _____ day of _____,
20____ personally appeared before me _____

being duly sworn, deposes and says that he or she is the person concerned
in the above affidavit.

Notary Public

SEAL