



Alabama Massage Therapy Licensing Board

RSA Plaza, Suite 250
770 Washington Ave.
Montgomery, AL 36104

www.almtbd.alabama.gov
(334) 230-3999
1-800-656-5318
Fax (334) 353-9939

Mailing Address:
P.O. Box 301011
Montgomery, AL 36130-1011

**Massage Therapy Establishment
Renewal Applicant Worksheet**

Please Note: If the massage therapy establishment is owned, leased, or legally possessed by a partnership, corporation, or limited liability company, each owner, director/officer of a corporation, each partner in a partnership, and each member of a limited liability company must submit separate supporting documentation.

Print and submit worksheet, with ALL required documentation, to:

**Alabama Massage Therapy Licensing Board
Attention: Licensing
PO Box 301011
Montgomery, Alabama 36130**

Establishment Name _____

Doing Business As _____

Name of Entity Possessing Right to Occupy Premises

Person Completing Worksheet:

Last _____ **First** _____ **Middle** _____

DOB: _____ **Social Security Number:** _____

Alabama Massage Therapist License Number (if applicable): _____

Licensed Massage Therapist Designee to ensure establishment's compliance with state law and all administrative rules:

Name _____ **License Number** _____

Please Note: You must complete and submit the online renewal application prior to submitting the documentation listed below.

Notice: DO NOT SEND ALEA PAYMENT. You will pay your background check through application fees paid to AMTLB. Required by Code of Ala. § 34-43A-13(c) you must complete a finger-print criminal background check. You must submit two (2) completed sets of fingerprints on an FBI "applicant" Fingerprint Card or "Blue Card" FD-258. Your criminal history background check will be completed by the Alabama Law Enforcement Agency ("ALEA"). ALEA requires that your fingerprints be taken by a law enforcement agency with an FBI issued ORI.

Please enclose ALL of the following.	
	Completed Application to Review Criminal History Record Information-SBI Form 46 for each owner, officer, director, member, or partner
	If you are being fingerprinted at ALEA, you must present the SBI Form 46 at the time of fingerprinting for each owner, officer, director, member, or partner
	2 completed fingerprint cards for each owner, officer, director, member, or partner (See Fingerprint Instructions)
	Acceptable photo identification to be submitted with fingerprints to ALEA for each owner, officer, director, member, or partner (See: Appendix B of SBI Form 46)
	2x2 photo taken within the past six (6) months (frontal view of the head and shoulders) for each owner, officer, director, member, or partner
	Insurance – proof of coverage
	Completed Citizenship or Lawful Presence Checklist and supporting documentation for each owner, officer, director, member, or partner
	Acceptable identification to confirm citizenship or lawful presence for each owner, officer, director, member, or partner (See: Citizenship or Lawful Presence Checklist)
	Supplemental Regulatory Questionnaire for each additional owner, officer, director, member, or partner
	You have made payment for one fingerprint background check. Please enclose payment for each additional owner, officer, director, member, or partner.

By submitting an application, you consent to having your criminal history record information sent to the Alabama Massage Therapy Licensing Board. Refusal to submit to a criminal history background check will result in denial of your application.

Attestation: I hereby certify that the information above, as well as all supporting documentation, is true and correct to the best of my knowledge and belief.

Signature of Applicant: _____ **Date:** _____

UNITED STATES CITIZENSHIP/LEGAL PRESENCE DOCUMENTS

**COMPLETE THIS CHECKLIST AND SUBMIT THIS FORM ALONG WITH
THE REQUIRED DOCUMENT TO PROVE CITIZENSHIP/LEGAL PRESENCE
TO ALABAMA MASSAGE THERAPY LICENSING BOARD**

EMAIL: bmtlicensing@amtlb.alabama.gov

Mail: Citizenship Licensing Specialist
Alabama Massage Therapy Licensing Board
PO Box 301011
Montgomery, AL 36130-1011

Fax: 334-353-9939

Name (Please Print): _____

Social Security Number: _____

Email Address (in event we have to contact you):

Check the appropriate section for US Citizen or non-citizen. In the following list, check the document that you are submitting.

_____ I am a United States Citizen. I am submitting the attached copy of my document to prove citizenship/legal presence:

- _____ Alabama Driver's License or Identification issued by Department of Public Safety
- _____ Driver's License from other state that required proof of lawful presence
- _____ Birth Certificate indicating US birth
- _____ Valid US Passport
- _____ Military Identification showing US as place of birth
- _____ Naturalization documents
- _____ Certificate of citizenship
- _____ Consular report of birth abroad of US citizen
- _____ Bureau of Indian Affairs identification
- _____ American Indian Card issued by Homeland Security
- _____ Final adoption decree showing person's name and place of US birth
- _____ A valid Uniformed Services Privileges and Identification Card
- _____ Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
- _____ Certification of birth issued by U S Department of State

UNITED STATES CITIZENSHIP/LEGAL PRESENCE DOCUMENTS

**COMPLETE THIS CHECKLIST AND SUBMIT THIS FORM ALONG WITH THE
REQUIRED DOCUMENT TO PROVE CITIZENSHIP/LEGAL PRESENCE TO
ALABAMA MASSAGE THERAPY LICENSING BOARD**

EMAIL: bmtlicensing@amtlb.alabama.gov

Mail: Citizenship Licensing Specialist
Alabama Massage Therapy Licensing Board
PO Box 301011
Montgomery, AL 36130-1011

Fax: 334-353-9939

Name (Please Print): _____

Social Security Number: _____

Email address (in event we have to contact you): _____

_____ **I am not a United States Citizen. The copy of the document(s) to prove legal presence I am submitting (and attached to this checklist) is as follows:**

- _____ I-327 Re-entry Permit
- _____ I-551 Permanent Resident Card (copy front and back)
- _____ I-571 Refugee Travel Document
- _____ I-766 Employment Authorization Card (copy front and back)
- _____ I-94 Arrival/Departure Record
- _____ Unexpired Foreign Passport
- _____ Temporary I-551 Stamp (on passport or I-94)
- _____ I-20 Certificate of Eligibility for non-immigrant (F-1) student status
- _____ DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
- _____ Machine-readable immigrant Visa (with temporary I-551 language)
- _____ Other: (Explain)



Alabama Massage Therapy Licensing Board Applicant Fingerprint Instructions

Attention: Alabama Massage Therapy Applicant

- You are required to submit an Application to Review Alabama Criminal History Record (SBI Form 46) authorizing the Alabama Law Enforcement Agency (ALEA) to release any and all of your Criminal History Information to the Alabama Massage Therapy Licensing Board (AMTLB).
- With this form, you will be required to submit two (2) sets of fingerprints on an FBI “applicant” Fingerprint Card, or “Blue Card” FD-258. ALEA requires that your fingerprints be taken by a law enforcement agency with an FBI issued Originating Agency Identifier (ORI).
- Please leave the “Reason for Fingerprint” section of your fingerprint card blank. The AMTLB will complete that upon submission to the Board.
- You must also send a copy of a photo identification consistent with Appendix B of the SBI Form 46.
- Your \$25 dollar fee for Criminal History Background Check **will be paid at the time of your application**. PLEASE DO NOT SEND MONEY TO ALEA.
- You must mail or deliver your completed authorized release along with your two (2) completed fingerprint cards and a copy of acceptable photo identification to the Board after you have completed your application and paid all fees associated with your application.
- Please contact your local sheriff’s office or police department to inquire about having your fingerprints taken, as they may require payment of a fee, scheduling an appointment, or that you obtain the fingerprint cards prior to arrival. The applicant is responsible for any additional fees for collection of fingerprints.



Alabama Massage Therapy Licensing Board Applicant Fingerprint Instructions

- You may also visit ALEA at 834 Adams Avenue, Montgomery, AL 36104 to have your fingerprints taken between 8:30 a.m. and 4:30 p.m., Monday-Friday. Your fingerprints will be taken only after you have provided ALEA with the completed SBI Form 46 and a valid photo identification.
 - If you have your fingerprints taken at ALEA, please write, or have ALEA write, the following in the “reason for fingerprints” section:
“34-43A-13(c) Massage Therapy License.”
- Depending on the results of your Criminal History Background Check, you may be asked to provide additional documentation related to your criminal history. Applications will not be considered complete until all requested documentation has been received.
- Performing fingerprinting before you have completed your online application and payment of fees may result in payment of additional fees, being required to resubmit your background check package of release and fingerprint cards, or the Board being unable to accept your results.

If a disability prevents you from providing fingerprints, you may have your Criminal History Background Check done by a name-based search, upon demonstration to the Board of this disability.

NOTICES:

If you wish to Challenge or appeal the results of your Criminal History Background Check, please refer to Appendix A of SBI Form 46.

Please mail your completed SBI Form 46, Fingerprint Cards, and approved Photo Identification to the Alabama Massage Therapist Licensing Board at P.O. Box 301011, Montgomery, AL 36130-1011. The Board will submit them to ALEA.

ALABAMA LAW ENFORCEMENT AGENCY
STATE BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION



**APPLICATION TO REVIEW/CHALLENGE
ALABAMA CRIMINAL HISTORY RECORD**

**ALABAMA LAW ENFORCEMENT AGENCY/SBI CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION**



PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): _____ Sex/Gender: Male Female

Aliases/Nickname: _____

Applicant Current Address: _____

City: _____ State: _____ Zip Code: _____ SSN: _____

Date of Birth: _____ (MM/DD/YYYY) Driver's License Number: _____ Issuing State: _____

Race: White Black Asian Indian Other (please specify) _____

Home Phone: () _____ Mobile Phone: () _____ Work Phone: () _____

WORK INFORMATION

Employer Name: _____ Employer Phone: () _____

Contractor Name: _____ Contractor Phone: () _____

State Agency: _____ Agency Phone: () _____

Work Email Address: _____

Job Role/Classification: _____ Supervisor Name: _____

Included with my Release are the following items:

- Completed Application signed by applicant and two witnesses **OR** notarized.
- The required copy of my valid photo identification.
- A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
- If applying for state employment/licensure/certification, reference that agency's fee requirements for a background check.**
- PERSONAL REQUESTS ONLY:** The required \$25.00 administrative fee (must be in the form of a money order or Cashier's check made payable to the ALEA, Criminal Records and Identification Unit).

AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:
Alabama Massage Therapy Licensing Board

Name & Address of Requesting Agency or Authorized Agent*

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).

Applicant Signature _____ Date _____

Name of Witness _____ Name of Witness _____

Address of Witness _____ Address of Witness _____

City, State and Zip _____ City, State and Zip _____

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Signature _____ My Commission Expires _____, 20____.

FOR ALEA OFFICIAL USE ONLY: TCN: _____ SID: AL _____		Billed: _____ Paid: _____ No Charge: _____
Received By (Initials): _____/Date: ____/____/____	Processed By (initials): _____/Date: ____/____/____	Check#: _____
Walk-in/Hand Delivered <input type="checkbox"/> Mailed <input type="checkbox"/>	Status: _____ Initials: _____ Date: ____/____/____	Background Check Qty: Total: \$ _____
		Certified Letter Qty: Total: \$ _____

**ALABAMA LAW ENFORCEMENT AGENCY/SBI CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
APPLICATION TO CHALLENGE (Do not complete this form for Expungements)**



Alabama Criminal History Record Information

Appendix A

An individual may Challenge or Appeal any portion of his or her own Criminal History Record Information (CHRI) maintained by the ALEA Criminal Records and Identification Unit that he or she believes to be **inaccurate**. To submit a challenge regarding criminal history record information (CHRI) provided by the Alabama Law Enforcement Agency, Criminal Records and Identification Unit. Please complete the steps described below and mail this form and all supporting documentation to:

ALEA Criminal Records and Identification Unit – P.O. Box 1511 – Montgomery, AL 36102-1511 – ATTN: Record Challenge.

Failure to properly complete the form or provide the appropriate documentation may cause a delay in processing your request.

I, _____, wish to challenge my Alabama CHRI provided to me by the Alabama Law Enforcement Agency Criminal Records and Identification Unit on ___/___/___.

- I understand that I must return this challenge form, along with the documentation required below, to the ALEA Criminal Records and Identification Unit no later than one year in order to challenge this information under this request. I further agree and understand that I must submit a new Request to Review or Challenge my criminal history record information in accordance with the procedure established by the Alabama Justice Information (AJI) Commission should I wish to challenge my Alabama criminal history after that date.
- I understand that I must provide below or ATTACH IN WRITING TO THIS FORM the following information regarding EACH arrest and/or disposition I am challenging before my challenge can be reviewed or processed by the ALEA Criminal Records and Identification Unit. I also understand that I should attach copies of the official documentation from the arresting agency or court (if applicable) to support each arrest or disposition being challenged.
- I understand that my challenge will be reviewed by an ALEA Criminal Records and Identification Unit official, along with the documentation provided. I also understand that my challenge may also be sent to the originating criminal justice agency with custody over the challenged information for their review, and that this process may take several weeks or longer to complete.

Please list the SPECIFIC charge, date, and Arresting Agency/Court for each arrest or disposition being challenged:		
DATE	AGENCY	ARREST CHARGE/DISPOSITION CHALLENGED
1.		
2.		
3.		
4.		
5.		

Please also provide the following details:

- A. The details related to why each specific arrest or disposition listed above is inaccurate:
- B. The information believed to be correct information for each arrest or disposition being challenged:
- C. The agency and/or court where I obtained what I believe to be the correct supporting information (if applicable) from is:

Signature: _____ Date: _____



Applicant Instructions

For completing the ALEA Application to Review Alabama Criminal History Record Information or to Challenge Alabama Criminal History Record Information

Appendix B

In order for your request to review, challenge or appeal your Alabama Criminal History Record Information to be processed by the Alabama Law Enforcement Agency (ALEA), **you must complete the ALEA Application to Review (SBI Form 46) or to Challenge Alabama Criminal History Record Information (SBI Form 46 Appendix A) in accordance with the following instructions:**

1. **Your application must include ONE COPY of at least one of the following forms of your own valid photo identification:**
 - a. A valid unexpired United States state-issued photo driver license or photo ID (non-driver) card;
 - b. A valid unexpired United States Citizenship and Immigration Service Document, which may include either:
 - i. Certificate of Naturalization N-550
 - ii. Replacement Certificate of Naturalization N-570
 - iii. Special Certificate of Naturalization N-578
 - iv. Certificate of Citizenship N-560
 - v. Replacement Certificate of Citizenship N-561
 - vi. Certificate of Citizenship (Posthumous) N-645, N-645A
 - c. A valid unexpired United States Passport; or
 - d. A valid unexpired Foreign Passport which meets the following requirements:
 - i. A foreign passport must contain a Valid United States Visa or I-94 to be used as a primary proof of identification; or
 - ii. A foreign passport, not issued in English, must be translated and accompanied by a Certificate of Accurate Translation. Passports are not acceptable if un-translated into English and/or expired.
2. **Your application must include a classifiable set of your own fingerprints, taken by an authorized law enforcement agency with an FBI-issued Originating Agency Number (ORI).**
 - a. The fingerprints accompanying your application should be provided to ALEA on an official FBI-approved "Applicant" fingerprint card or a FBI-approved AFIS printout of an official "Applicant" fingerprint card (i.e., FBI blue card). This ensures positive identification and insures that the proper criminal record is reviewed.
 - b. Details for the fingerprinting agency may be found in APPENDIX C.
3. If your application is to CHALLENGE any part of your CHRI maintained by ALEA, the application must include, at a minimum:
 - a. A copy of the Alabama Criminal History Record being challenged;
 - b. The charge and DATE of each specific arrest or disposition being challenged;
 - c. The Name of the ARRESTING AGENCY OR COURT for each arrest or disposition being challenged;
 - d. A listing of each specific arrest or disposition being challenged;
 - e. The details related to why each specific arrest is inaccurate;
 - f. What the applicant believes to be the correct information for each arrest or disposition being challenged;
 - g. Where the applicant obtained what he/she believes to be the correct supporting information (if applicable); and
 - h. Official documentation from the arresting agency or court (if applicable) to support each arrest or disposition being challenged.
4. Your completed request and all of the required documentation should be mailed to:

Alabama Law Enforcement Agency
Criminal Records and Identification Unit
ATTN: Record Challenge
P.O. Box 1511
Montgomery, Alabama 36102-1511

Please allow a minimum of 4-5 weeks from the date the application is received by ALEA for ALEA to process your request for review. Requests to Challenge CHRI information do NOT fall under this timeframe, as they require additional research, contact and verification with the arresting agencies, etc. If you have any questions concerning this procedure, you may contact ALEA by calling 334-676-7700.



KAY IVEY
GOVERNOR

ALABAMA LAW ENFORCEMENT AGENCY

CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
301 SOUTH RIPLEY STREET | P.O. BOX 1511 | MONTGOMERY, AL 36104
334.676.7700 | WWW.ALEA.GOV



HAL TAYLOR
SECRETARY

PRIVACY ACT STATEMENT OF 1974

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



KAY IVEY
GOVERNOR

ALABAMA LAW ENFORCEMENT AGENCY

CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
301 SOUTH RIPLEY STREET | P.O. BOX 1511 | MONTGOMERY, AL 36104
334.676.7700 | WWW.ALEA.GOV



HAL TAYLOR
SECRETARY

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>

Your fingerprints will be used to check the criminal history records of the State. You have the opportunity to complete or challenge the accuracy of the information contained in the State identification record. The procedure for obtaining a change, correction, or updating a State identification record are set forth in The Code of Alabama 1975, Section 41-9-643. You can find additional information on the FBI website at [https:// www.alea.gov/online-services](https://www.alea.gov/online-services).



Alabama Massage Therapy Licensing Board
Peggy Sellers Benson, MSN, RN, MSHA, NE-BC
Executive Officer

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 770 Washington Ave.
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Mailing Address:
 P.O. Box 301011
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SUPPLEMENTAL REGULATORY QUESTIONNAIRE - ESTABLISHMENT

Applicant must submit completed form, in conjunction with online application. Signed forms may be scanned and uploaded with the application.

Last _____ First _____ Middle _____

DOB: _____ SSN: _____

YES	NO	STANDARD
		Have you been arrested for, charged with, or convicted of a felony or any crime arising out of or connected with the practice of massage therapy?
		Have you been presently adjudicated as mentally incompetent by a court of law in any state, territory, or country?
		Are you presently using controlled substances or alcohol to such an extent as to pose a risk to the health, safety, or welfare of clients?
		Have you had a license or registration in any state, territory, or jurisdiction of the United States revoked, suspended, or denied for any act which would constitute grounds for discipline or denial of a license in Alabama?

By submitting an application, you consent to having your criminal history record information sent to the Alabama Massage Therapy Licensing Board. Refusal to submit to a criminal history background check will result in denial of your application.

Attestation: I hereby certify that the information contained in this application is true and correct, to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____