

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.

_____ Date: _____
Signature

STATE OF NORTH DAKOTA

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