



## AGENT DESIGNATION FORM

This form allows you, the **Massage & Bodywork Licensing Examination (MBLEx) applicant**, to designate a person to speak with FSMTB on your behalf on all matters, including confidential matters, pertaining to your MBLEx application. Such matters may include but are not limited to application status, supporting documentation, fees, and exam scheduling.

***I hereby designate, as my primary agent, the following person who may make inquiries and receive information on my behalf regarding my MBLEx file:***

Name of designated agent:

Agent's primary mailing address:

Agent's email address:

Agent's phone number:

Agent's date of birth:

***I authorize this agent to communicate on my behalf until I submit a cancellation of such authorization in writing to FSMTB.***

Name of MBLEx applicant (please print or type):

Signature of MBLEx applicant:

Applicant's primary mailing address:

Applicant's email address:

Applicant's phone number:

Applicant's date of birth:

***Please send the completed, original form via mail or email to:***

FSMTB

7300 College Blvd., Suite 650, Overland Park, KS 66210

or

info@fsmtb.org