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STATE OF DELAWARE  
**BOARD OF MASSAGE & BODYWORK**

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## MESSAGE ESTABLISHMENT PROFESSIONAL-IN-CHARGE STATEMENT

### INSTRUCTIONS

#### When to Complete

Complete this form when...

- applying for a Delaware license for an establishment, *or*
- reporting a change in the Professional-in-Charge of a Delaware-licensed establishment.

#### Professional-in-Charge Requirements

The Professional-in-Charge of a Delaware-licensed establishment:

- is responsible for complete and adequate supervision of the establishment, including ensuring that all employees are licensed when required by law
- must hold a current Delaware Massage license
- may serve as the Professional-in-Charge for only one establishment at a time.

When the Professional-in-Charge of an establishment changes...

- The outgoing (former) Professional-in-Charge **must** notify the Board in writing **within 10 days** of termination as the Professional-in-Charge.
- The incoming (new) Professional-in-Charge must sign the **PROFESSIONAL-IN-CHARGE ACKNOWLEDGMENT** statement on this form.

### ESTABLISHMENT INFORMATION

1. Name of Establishment: \_\_\_\_\_  
Enter name as it appears on license or on application for license.

2. Establishment **Location** Address: \_\_\_\_\_  
Street (No PO Boxes)  
\_\_\_\_\_  
City State Zip

3. Why are you submitting this form? Check one:

- The establishment above has applied for a *new Delaware license*. Skip to Question 5.
- I am reporting a change in the professional-in-charge for the *Delaware-licensed establishment* above. Enter your Delaware Massage Establishment license number: MZ - \_\_\_\_\_ Continue to next question.

### PROFESSIONAL-IN-CHARGE INFORMATION

4. Enter the following information about the **outgoing (former)** Professional-in-Charge:

Full Name: \_\_\_\_\_

DE Massage License Number: **M**\_\_\_\_ - \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

5. Enter the following information about the **incoming (new)** Professional-in-Charge:

Full Name: \_\_\_\_\_

Does this person have an active Delaware Massage license? Yes  No  **If yes, enter the following:**

DE Massage License Number: **M**\_\_\_\_ - \_\_\_\_\_ License Expiration Date: \_\_\_\_\_.

When does (did) this person become the Professional-in-Charge? \_\_\_\_\_

**The Professional-in-Charge must complete and sign the PROFESSIONAL-IN-CHARGE ACKNOWLEDGMENT section below. The acknowledgment must be notarized.**

**PROFESSIONAL-IN-CHARGE ACKNOWLEDGMENT**

1. Do you understand that you:
  - are responsible for conducting and managing the establishment named above? Yes
  - must comply with all applicable state and federal laws? Yes
  - must ensure all employees are licensed when required by law? Yes
  - must ensure that your license remains in good standing at all times? Yes
2. Have you read Section 12.4 of the Board's [Rules and Regulations](#) and understand that you can be a Professional-in-Charge for only **one** shop at a time? Yes
3. Do you agree to notify the Board of any change in professional-in-charge **within 10 days**? Yes

**Professional-in-Charge Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Your Email: \_\_\_\_\_ Your Phone: \_\_\_\_\_

State of \_\_\_\_\_ County or City of \_\_\_\_\_

\_\_\_\_\_ being first duly sworn, deposes and says that he/she is the person who executed this form, that the statements herein contained are true.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

SEAL

Signature of Notary Public: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**IF THIS IS REQUIRED FOR AN APPLICATION, MAIL THIS DOCUMENT DIRECTLY TO THE BOARD OFFICE.**

**IF THIS IS REQUIRED FOR A SERVICE REQUEST, UPLOAD THIS DOCUMENT WITH YOUR REQUEST.**