



Maryland State Board of Chiropractic Examiners

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

(410)764-4738

Website: www.health.maryland.gov/chiropractic

REQUEST FOR DUPLICATE LICENSE/REGISTRATION

Please type or print all information.

This form is to be used to request duplicate license/registration for the purpose of displaying at additional office locations.

A non-refundable fee of \$50 per license/registration (\$25 during renewal period) is required by cashier's check, certified check or money order made payable to the Maryland State Board of Chiropractic Examiners.

Name (as it appears on license/registration): _____

License/Registration No: _____ SSN/ITIN: _____

Non-Public (Home) Address: _____

Public (Business) Address: _____

Home No.: _____ Cell No.: _____ Business No.; _____

Personal Email: _____ Business Email: _____

Total No. of Duplicates Requested: ____ x \$50 (\$25 during renewal period) = Total Fees: \$ _____

Signature

Date

BOARD USE ONLY

Check Amt. \$ _____ Check # _____ Date Rec'd. _____ Initials _____