



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 REPLACEMENT LICENSE/REGISTRATION

*Please print or type all information. This form is for the replacement of a **lost, stolen, damaged, or incorrect** license/registration.*

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 (Private) Email: _____ Business (Public) Email: _____

Reason for Replacement:

- ☐ Lost (*remit a \$50 replacement fee with this request*)
☐ Stolen (*must include police report*)
☐ Damaged (*must include damaged license/registration*)
☐ Incorrect/Board Error (*must include incorrect license/registration*)
☐ Never Received. **Submit proof of current address. If mail is undeliverable due to failure to notify the Board within 60 days of the address change, a \$100 penalty is due plus a \$50 replacement fee]**

I attest that the above information is true and correct and that I am the holder of the Maryland State Board of Chiropractic Examiners license/registration indicated above. I request that a replacement license/registration be issued and if the original is eventually located, I will return to the Board via certified mail. I am aware that making a false application or report may result in disciplinary action against my license/registration.

Print Name Signature Date

NOTARY CERTIFICATION

State: _____ County/City: _____

The undersigned notary public attests that the above individual has signed the above attestation in my presence.

Signed and sworn this _____ day of _____, _____.

Print Name Signature

My Commission Expires: _____ Notary Seal

BOARD USE ONLY

Check #: _____ Check Amt.: \$ _____ Check Date: _____ Initial: _____