



Maryland State Board of Massage Therapy Examiners

4201 Patterson Avenue, Suite 301
Baltimore, Maryland 21215

Office Main Telephone: 410-764-4738 • Office Fax: 410-358-1879 • Website: www.health.maryland.gov/massage

REQUEST FOR DUPLICATE LICENSE / REGISTRATION ONLY

PLEASE TYPE INTO THIS FORM OR PRINT LEGIBLY ALL INFORMATION.

This form is to be used by the Licensee OR the Registrant whom has been issued a Maryland State Board of Massage Therapy Examiners official board license or registration to be displayed in its original issued format (no copies) conspicuously in the area to which you provide massage services to the MD consumer public.

This form must be completed in its entirety and remitted with the fee \$40 (\$20 during renewal window Sept. – Nov. 30th even years) via by USPS mail.

MAKE CHECK PAYABLE & MAIL TO: MD State Board of Massage Therapy Examiners, 4201 Patterson Ave., Ste. 301, Baltimore, MD 21215

DO NOT USE THIS FORM: IF YOUR LICENSE OR REGISTRATION HAS BEEN LOST, STOLEN OR IF YOU NEVER RECEIVED YOUR INITIAL LICENSE OR REGISTRATION 2 WEEKS AFTER REMITTING YOUR BOARD DATA SHEET OR AFTER TWO WEEKS OF COMPLETING YOUR ONLINE RENEWAL APPLICATION AND NONRECEIPT OF THAT LICENSE OR REGISTRATION. FOR THE AFOREMENTIONED SCENARIOS; YOU MUST COMPLETE THE FORM TITLED, **"REQUEST FOR REPLACEMENT LICENSE / REGISTRATION ONLY"**.

Note: Complete ALL Fields – Incomplete/Missing Information is subject to be returned to the licensee/registrant.

LICENSEE / REGISTRANT	LICENSE /REGISTRATION HOLDER'S FULL NAME			CONTACT PHONE NO.
	STREET ADDRESS <i>(If applicable, include Unit # , Apt.#, or Floor)</i>			HAS YOUR NAME CHANGED FROM WHAT WAS LISTED ON YOUR LICENSE / REGISTRATION? <input type="checkbox"/>
	CITY	STATE	ZIP	IF YES: ATTACH A COMPLETED NAME CHANGE FORM . DID YOU NEED TO ATTACH CHANGE FORM? <input type="checkbox"/>
	E-MAIL ADDRESS			HAS YOUR ADDRESS CHANGED FROM WHAT WAS LISTED ON YOUR LAST LICENSE/REGISTRATION? <input type="checkbox"/>
	LICENSE/REGISTRATION NUMBER	DOB	LAST 4 OF S.S. #	IF YES: ATTACH A COMPLETED ADDR. CHANGE FORM . DID YOU NEED TO ATTACH A CHANGE FORM? <input type="checkbox"/>
	LIST ENCLOSED CHECK NUMBER:			LIST CHECK DATE:
	NOTE: INSUFFICIENT FUNDS / RETURN CHECK WILL INCUR A PENALTY FEE OF \$50. 2ND REQUEST AND SUBSEQUENT REQUESTS ARE STRICTLY REMITTANCE BY OFFICIAL MONEY ORDER OR CERTIFIED BANK ISSUED CASHIER'S CHECK.			

CATEGORY / REASON	REQUEST CATEGORY – MUST INDICATE APPROPRIATE CATEGORY – AND – APPROPRIATE REASON:			
	<input type="checkbox"/> Duplicate License (\$40 each / \$20 at renewal)	<input type="checkbox"/> Duplicate Registration (\$40 each / \$20 at renewal)	<input type="checkbox"/> Damaged	<input type="checkbox"/> Lost
	* Stolen – Cannot use this form		* Non Receipt – Cannot use this Form (criteria)	
	* Use Form 'Request for Replacement'			

BOARD OFFICE CHECK/M.O. NO.: _____ CHECK/M.O. DATE: _____ CHECK/M.O. AMOUNT: _____

ONLY FIELDS: