



MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS

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www.health.maryland.gov/massage

REQUEST FOR DUPLICATE LICENSE/REGISTRATION

Please type or print all information.

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

A non-refundable fee of \$40 per license/registration (\$20 during renewal period) is required. Pay at: [Massage Therapy Portal](#). After making payment, reply to the receipt email and attach the completed form.

Licensee's/Registrant's Name: _____ Lic./Reg. No.: _____

SSN/ITIN: _____ Date of Birth: _____

Non-Public (Home) Mailing Address: _____

City State Zip

Public (Business) Address: _____

City State Zip

Cell Phone: _____ Business Phone: _____

Personal Email: _____ Business Email: _____

Total No. of Duplicates Requested: _____ x \$40 (\$20 during renewal period) Total Fees \$ _____

Signature Print Date

FOR BOARD USE ONLY

Fee Payment Date: _____ Advice # _____ Amount: _____ Initials: _____