



MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS

4201 Patterson Avenue, Suite 301, Baltimore, MD 21215

Main Line (410)764-4738; Email: mdh.bcmte@maryland.gov

www.health.maryland.gov/massage

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 Email: _____ Business Email: _____

Reason for Replacement:

☐ Lost (**pay a \$40 replacement fee** at: [Massage Therapy Portal](#). After making payment, reply to the receipt email and attach the completed form.)

☐ 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 \$40 replacement fee. Pay at [Massage Therapy Portal](#). After making payment, reply to the receipt email and attach the completed form.**)]

I attest that the above information is true and correct and that I am the holder of the Maryland State Board of Massage Therapy Examiners license/registration indicated above. I request that a replacement license/registration be issued and if the original is eventually located, I will return it 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