



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): _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

License/Registration No: _____

Reason for Replacement:

- Lost (*remit a \$40 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 \$40 replacement fee**]

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