

**Maryland Board of Examiners of Psychologists**  
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**Fax: 410-358-7896**  
**[www.health.maryland.gov/psych](http://www.health.maryland.gov/psych)**

**DUPLICATE LICENSE REQUEST**

I am requesting the following duplicate license:

- Large Wall Certificate (\$50.00 fee required)
- Small Registration issued at the time of license renewal (\$30.00 fee required)

Name: (Printed or Typed):			
License Number:			
Address:			
Street	City	State	Zip Code
Reason:			

Signature \_\_\_\_\_