

**MARYLAND BOARD OF ACUPUNCTURE
4201 PATTERSON AVENUE
BALTIMORE, MD 21215
TELEPHONE (410) 764-4766
FAX (410) 358-7258**

REQUEST FOR DUPLICATE PROFESSIONAL LICENSE

1. Licensee Name: (Only the license holder may request a duplicate license.)

2. License Number: _____

3. Daytime Phone Number: _____

Email Address: _____

4. Current Mailing address: (Note: Your mailing address is considered your official address of record).

5. _____

5. Please list reason for need of duplicate license:

- Original license lost/stolen: (yes) (no)
- Additional office(s): (yes) (no)
If yes, please provide the address of added office(s):

Signature of license holder:

Date:
