Maryland Board of Chiropractic Examiners
4201 Patterson Ave., Suite 301
Baltimore, MD 21215
(410)764-4726
www.dhmh.maryland.gov/chiropractic

REQUEST FOR DUPLICATE LICENSE

Please type or print all information.

This form is to be used to request a duplicate license due to ***legal name change*** *or for the purpose of displaying at* ***additional office locations****.*

A non-refundable fee of $50 per license ($25 during renewal period) is required by check or money order payable to the Maryland Board of Chiropractic Examiners. Cash and credit cards are not accepted.

Licensee's Name: _____ License No.: _____

Address: _____
Street *City* *State* *Zip*

Phone: _____ Email: _____

SSN: _____ Date of Birth: _____

Reason for Duplicate:

☐ Legal Name Change: Please include the following with this form:

1. **original** license (required); and

2. **copy** of the court order/document authorizing name change **AND** a copy of photo ID with new name;

OR two (2) of the following:

- Copy of new driver's license/passport
- Copy of new SS card
- Copy of Certificate of Citizenship/Naturalization
- Copy of valid U.S. Military Photo ID

☐ Multiple Office Locations: No. of locations _____

Total No. of Duplicates Requested: _____ x $50 ($25 during renewal period).

_____ _____
Signature *Date*