

MARYLAND BOARD OF CHIROPRACTIC & MASSAGE THERAPY EXAMINERS

APPLICATION FOR REPLACEMENT LICENSE OR REGISTRATION

Purpose of this FORM: This form is to be used by an Active License or Registration holder to request the replacement of a lost, stolen, mutilated or incorrect License or Registration or to report that a License or Registration was never received. This form should not be used to record a change of address or change of name.

REASON FOR REPLACEMENT LICENSE OR REGISTRATION

NEVER RECEIVED - REQUIRES NOTARY BELOW

LOST

MUTILATED

STOLEN

DEFECTIVE / BOARD ERROR

NEVER RECEIVED IN THE MAIL

OTHER - FOR THIS SELECTION-CALL BD BEFORE SENDING

LICENSE / REGISTRATION NUMBER

(Enter your license or registration number. If you do not know your number go to the "Verification Link" on the Board's website: www.mdmassage.org)

M _____ Exp. Date: ___/___/___

R _____ Exp. Date: ___/___/___

(M = License Massage Therapist) /
(R = Registered Massage Practitioner)

LICENSE / REGISTRATION HOLDER'S INFORMATION

COMPLETE ALL INFORMATION 1-4

1. FULL LEGAL NAME: _____
2. MAILING ADDRESS: _____
3. CITY/STATE/ZIP: _____
4. PHONE: (_____) _____ - _____ EMAIL: _____

I hereby certify that all information provided above is true and correct and I am the license / registration holder of a State of Maryland - Board of Chiropractic & Massage Therapy Examiners license or registration noted above. This is to affirm that I applied for the original or (if applicable) a duplicate license or registration which was either lost, stolen or mutilated or I had never received the original issued to me by USPS mail. This is to request that a replacement license or registration be issued AND if original eventually becomes present; I will return to the Board via certified mail. I am also aware that by making a false application/report I shall be subject to disciplinary actions regarding my licensure.

Sworn to and subscribed before me: (Signature and Seal or Stamp of Notary)

_____ / ___ / ___ _____ / ___ / ___

Signature of Licensee or Registrant w/ Date

Notary Signature or Seal or Stamp w/ Date

ADDITIONAL REQUIREMENT(S) NEEDED IN ORDER FOR THIS FORM TO BE PROCESSED

1. NEVER RECEIVED IN THE MAIL: SIGNATURE AND SEAL OR STAMP OF NOTARY IS REQUIRED ON THIS FORM
2. MUTILATED/DEFECTIVE/BOARD ERROR: YOU MUST SUBMIT THE LIC./REG. WITH THIS APPLICATION. 3. LOST/STOLEN: POLICE REPORT

Mail completed application to:

**MD Board of Chiropractic & Massage Therapy Examiners
4201 Patterson Avenue, Suite 301
Baltimore, MD 21215
Attn: Emily Jones, Licensing Coordinator**