

MARYLAND BOARD OF PHARMACY



DUPLICATE LICENSE/PERMIT/REGISTRATION REQUEST FORM

To request a duplicate of a license, permit or registration, please complete this form and send it, with a check or money order payable to **Maryland Board of Pharmacy**, to:

**Maryland Board of Pharmacy
P.O. Box 1991
Baltimore, MD 21203-1991**

Please do not send cash. This form also may be submitted in person at the Board of Pharmacy, 4201 Patterson Avenue, Baltimore, Maryland. Please be advised that payment at the Board is only by credit card.

Name: _____

License/Permit/Registration Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Ext. _____ Fax Number: _____

Email Address: _____

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SEND DUPLICATE LICENSE/PERMIT/REGISTRATION TO: **Maryland requires a physical resident address. If you wish to have your license/registration mailed to a PO Box address, please indicate on form.**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Pharmacist: _____ \$30.00; Technician: _____ \$10.00; Intern: _____ \$10.00;
Pharmacy: _____ \$10.00; Distributor: _____ \$30.00; Total payment enclosed _____

Your duplicate(s) will be mailed within 7-10 business days.
If you have any questions, please call the Board of Pharmacy at 410-764-4755.

Signature