



## Maryland State Board of Massage Therapy Examiners

4201 Patterson Avenue, Suite 301, Baltimore, MD 21215

(410)764-4738

[www.health.maryland.gov/massage](http://www.health.maryland.gov/massage)

### **REQUEST FOR DUPLICATE LICENSE/REGISTRATION**

*Please type or print all information.*

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

*A non-refundable fee of \$40 per license/registration (\$20 during renewal period) is required by check or money order payable to the Maryland State Board of Massage Therapy Examiners.*

Licensee's/Registrant's Name: \_\_\_\_\_

License/Registration 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 Social Security 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 \$40 (\$20 during renewal period).

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

#### **BOARD USE ONLY**

Check/MO # \_\_\_\_\_ Check/MO Amt. \_\_\_\_\_ Check/MO Date \_\_\_\_\_