



Maryland State Board of Chiropractic Examiners

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

(410)764-4726

www.health.maryland.gov/chiropractic

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 \$50 per license/registration (\$25 during renewal period) is required by check or money order payable to the Maryland State Board of Chiropractic 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 \$50 (\$25 during renewal period).

Signature

Date

BOARD USE ONLY

Check Amt. _____ Check # _____ Date Rec'd. _____