



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

(410)764-4726

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

**REQUEST FOR REPLACEMENT LICENSE/REGISTRATION**

*Please print or type all information. This form is for the replacement of a **lost, stolen, damaged, or incorrect license/registration.***

Name (as it appears on license/registration): \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

License/Registration No: \_\_\_\_\_

Reason for Replacement:

- Lost
- Stolen (*must include police report*)
- Damaged (*must include damaged license/registration*)
- Incorrect/Board Error (*must include incorrect license/registration*)
- Never Received

I attest that the above information is true and correct and that I am the holder of the Maryland State Board of Chiropractic Examiners license/registration indicated above.

I request that a replacement license/registration be issued and if the original is eventually located, I will return to the Board via certified mail. I am aware that making a false application or report may result in disciplinary action against my license/registration.

\_\_\_\_\_  
*Print Name Signature Date*

**NOTARY CERTIFICATION**

State: \_\_\_\_\_ County/City: \_\_\_\_\_

The undersigned notary public attests that the above individual has signed the above attestation in my presence.

Signed and sworn this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*Print Name Signature*

My Commission Expires: \_\_\_\_\_

**Notary Seal**