



Maryland State Board of Massage Therapy Examiners
 4201 Patterson Avenue, Suite 301
 Baltimore, Maryland 21215
 Office Main Telephone: 410-764-4738 • Office Fax: 410-358-1879

REQUEST FOR ROSTER – ORDER FORM

This form is to be used to request a roster of licensed massage therapists (LMTs) and registered massage practitioners (RMPs) available for purchase. The roster consists of the following public information: Last Name, First Name, Address, City, State, Zip Code, License or Registration Number, Date of Issue and Date of Expiration **Note: The Roster List is provided in Excel Format.**

Please type or print all information.

| | | | |
|------------------------------|---|----------------|-----|
| ORGANIZATION / AGENCY | ORGANIZATION / AGENCY NAME | WORK PHONE | |
| | REQUESTER'S NAME | CONTACT NUMBER | |
| | EMAIL ADDRESS (<i>PRINT LEGIBLY</i>) | FAX NUMBER | |
| | STREET ADDRESS (<i>If applicable, include Unit # , Apt.#, or Floor</i>) | | |
| | CITY | STATE | ZIP |
| | <p>NOTE: INSUFFICIENT FUNDS / RETURN CHECK WILL INCUR A PENALTY FEE OF \$50. ACCEPTABLE FORMS OF PAYMENT FOR 2ND REQUEST AND SUBSEQUENT REQUESTS ARE MONEY ORDER, CERTIFIED OR CASHIER'S CHECK.</p> <p>MAKE CHECKS OR MONEY ORDERS PAYABLE TO: MARYLAND STATE BOARD OF MASSAGE THERAPY EXAMINERS 4201 PATTERSON AVENUE, SUITE 301 BALTIMORE, MD 21215</p> | | |

| REMIT APPROPRIATE FEE FOR LEVEL | LICENSE LEVEL | | FEE |
|--|--------------------------|--|------------|
| | <input type="checkbox"/> | Active LICENSED MASSAGE THERAPISTS [LMT] | \$100 |
| | <input type="checkbox"/> | Active REGISTERED MASSAGE PRACTITIONERS [RMP] | \$100 |
| | <input type="checkbox"/> | ALL LICENSES AND REGISTRANTS [ACTIVE & INACTIVE] | \$200 |
| | <input type="checkbox"/> | Inactive LMT's | \$25 |
| <input type="checkbox"/> | Inactive RMP's | \$25 | |

FOR BOARD USE ONLY – RECEIVED DATE: _____ FEE \$ _____ CHECK NO. _____ CHECK DATE: _____