MARYLAND BOARD OF CHIROPRACTIC AND MASSAGE THERAPY EXAMINERS
4201 Patterson Ave., Suite 301, Baltimore, MD 21215-2299
410-764-2965 FAX: 410-358-1879 www.mdmassage.org

APPLICATION FOR MASSAGE TRADE NAME
(Health Occupations Art. Sect. 3-5A-13)

Complete this form legibly and return it to the above address.
NOTE: You may NOT use a trade name until approved in writing by the Board.

IMPORTANT: Trade name requests must be received no later than 14 days before the scheduled Board Meeting dates. Requests received after that time will be added to the next scheduled meeting. Refer to the website for the scheduled Board Meeting dates.

PLEASE PRINT

Licensee Name: _____ **Lic./Reg. No.:** _____

Mailing Address: _____

_____

E-Mail Address: _____ **Telephone:** _____

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IF YOU ARE REQUESTING A TRADE NAME FOR THE FIRST TIME, PRINT THE EXACT TRADE NAME REQUESTED BELOW: (NOTE: The words Massage, LMT, or RMP MUST be included in the requested trade name.)

_____

ADDRESS WHERE TRADE NAME WILL BE USED:

_____

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IF YOU ARE REQUESTING A TRADE NAME TO REPLACE AN EXISTING TRADE NAME, PLEASE COMPLETE THE INFORMATION BELOW:

CURRENT TRADE NAME USED:

_____

EXACT REPLACEMENT TRADE NAME REQUESTED:

_____

ADDRESS WHERE TRADE NAME WILL BE USED:

_____

PRINTED NAME: _____

SIGNATURE: _____ **DATE:** _____