



NORTH CAROLINA BOARD of MASSAGE & BODYWORK THERAPY

www.bmbt.org

Mailing Address: PO Box 2539, Raleigh, NC 27602 Phone: 919.546.0050
Physical Address: 150 Fayetteville Street, Suite 1910, Raleigh, NC 27601

Duplicate License Request Form

INSTRUCTIONS:

Print out this form then mail with the **\$25.00 duplicate license fee**. The fee shall be in the form of a **money order, cashiers check or certified (bank) check only**. No personal checks, cash, credit cards or company checks will be accepted. Duplicate licenses will be mailed out within ten (10) business days of receipt of your request form.

Mail completed form with \$25 fee to:

NC Board of Massage and Bodywork Therapy
PO Box 2539
Raleigh, NC 27602

NC License Number: _____

Last Name: _____ First: _____ Middle: _____

***PRINT** your name as it appears on your license

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Current Email Address (required): _____

Number of Duplicate Licenses requested: _____ Amount enclosed: _____

Signature

Date