



## Request for Replacement License Form

License (circle one): E, D, Youth Module

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Replacement Fee: \$20.00

Credit Card: Payment Type:     Credit/Debit Card     Check (payable to MSYSA) Check # \_\_\_\_\_

VISA     MasterCard     American Express     Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_

NAME ON CARD (Please Print): \_\_\_\_\_

TELEPHONE: (C) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** License will not be mailed out until **\$20.00** replacement fee is received in the state office. Please send payment to 303 Najoles Rd, Suite 109, Millersville, MD 21108  
Attn: Dana

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