



## REQUEST FOR LICENSE VERIFICATION

### HEARING AID DISPENSERS AND DISPENSING AUDIOLOGISTS

\$15

This form must be completed to request verification of your license to another state or entity. If you are requesting more than one letter, please submit a separate form for each request. **All requests must include the \$15.00 processing fee, which may be submitted by either check or money order.** You may include one check for multiple requests.

If you would like to have your verification sent by overnight mail, (e.g. UPS, FedEx,), a prepaid envelope must be included with your request. Otherwise, the verification will be sent by regular mail. Please allow 3 weeks for your request to be processed.

#### LICENSEE INFORMATION:

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**NAME:** \_\_\_\_\_  
*(Please provide name the license was issued under if different from current)*

**LICENSE TYPE:** (Check one)  HAD  DAU      **LICENSE NUMBER:** \_\_\_\_\_

**LICENSE ISSUE DATE:** \_\_\_\_\_      **EXPIRATION DATE:** \_\_\_\_\_

**TELEPHONE NO.:** \_\_\_\_\_  
*(Please include area code)*

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#### ADDRESS OF AGENCY:

\_\_\_\_\_  
*(NAME OF BUSINESS, IF APPLICABLE)*

\_\_\_\_\_  
*(ATTENTION)*

\_\_\_\_\_  
*(STREET)*

\_\_\_\_\_  
*(CITY, STATE, ZIP CODE)*

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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**SIGNATURE:** \_\_\_\_\_      **DATE:** \_\_\_\_\_