CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
1601 Response Road, Suite 260, Sacramento, CA 95815
P (916) 287-7915 | www.speechandhearing.ca.gov

NOTIFICATION OF ADDRESS AND EMAIL CHANGE (HA, DAU, HT, HTL)

Practice of Fitting or Selling Hearing Aids: Business and Professions Code section 2538.33 requires that each licensee notify the Board in writing of any changes in their place of business within 30 days of engaging in the practice of fitting or selling hearing aids. Business and Professions Code Section 2538.34(a) requires that every licensee who engages in the practice of fitting or selling hearing aids shall have and maintain an established retail business address to engage in that fitting or selling, routinely open for service to customers or clients.

If you would like a license to reflect your new address, please complete Part II of this form and submit a $25 fee per document. Make check or money order payable to SLPAHADB. If no replacement license is needed, you can email this form to speechandhearing@dca.ca.gov.

PART I: PLEASE PRINT OR TYPE

NAME: _____

LICENSE TYPE: *(Check one)* ☐ **HA** ☐ **DAU** ☐ **HT** ☐ **HTL**

LICENSE NUMBER: _____

Street Address

EMAIL ADDRESS (for Board use only):

ADDRESS OF RECORD: The Address of Record is used for all official correspondence and is public information. The Address of Record for the practice of fitting or selling hearing aids must be an address of a retail business that is routinely open pursuant to Business and Professions Code section 2538.34 and 2538.51.

Name of Business

Street Address | City, State, Zip Code

Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

HOME ADDRESS (for Board use only):

Street Address | City, State, Zip Code

EMAIL ADDRESS (for Board use only): **PHONE:**

PART II: REQUEST FOR REPLACEMENT LICENSE (OPTIONAL)

SELECT THE LICENSE YOU ARE REQUESTING: ***($25 fee per document)***

☐ Original Wall License ☐ Renewal Wall License ☐ Pocket License

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

SIGNATURE: _____ **DATE:** _____