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

REQUEST FOR LICENSE VERIFICATION

HEARING AID DISPENSERS AND DISPENSING AUDIOLOGISTS

$15 (non-refundable)

This form must be completed to request verification of your license to another state or entity. If you are requesting more than one License Verification, please submit a separate form for each request.
All requests must include the $15 processing fee per request, which may be submitted by either check or money order made payable to SLPAHADB. You may include a single check for multiple requests for the same licensee.

NOTE: 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 U.S. mail and also emailed to the agency identified below. All requests are processed in the order they are received.

LICENSEE INFORMATION

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

LICENSE TYPE: *(Check one)* ☐ HAD ☐ DAU

LICENSE NUMBER: _____ **LICENSE ISSUE DATE:** _____ **EXPIRATION DATE:** _____

PHONE: _____ **EMAIL ADRESS:** _____

AGENCY INFORMATION

AGENCY NAME (If Applicable)**:** _____

ATTENTION: _____

MAILING ADDRESS (Street)**:** _____

(City, State, Zip Code)**:** _____

EMAIL ADDRESS: _____

This certification is provided in good faith. If the fee does not clear the financial institution, this certification is considered invalid and the licensee will be notified.

_____ _____
Signature **Date**