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 REPLACEMENT LICENSE
$25 Fee (non-refundable)

This completed form must be submitted along with a check or money order for $25 made payable to SLPAHADB. There is a $25 fee per document that is submitted. All documents will be mailed to the address of record.

All licensees are permitted one wall license, one renewal license, and one pocket license. Duplicates are not provided for any reason including license verification and/or multiple locations. Replacement licenses are not issued to Aides.

LICENSEE'S INFORMATION:

NAME: _____

LICENSE TYPE: *(Check one)* ☐ SP ☐ AU ☐ DAU ☐ SPA ☐ HA ☐ RPE

LICENSE #: _____ **PHONE #:** _____ **EMAIL ADDRESS:** _____

ADDRESS OF RECORD (Public Information)**:** _____
Street

Would you like your address of record changed?

☐ YES ☐ NO

_____
City, State, Zip Code

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

☐ Original Wall License ☐ Renewal Wall License ☐ Pocket License

REASON FOR REQUEST:

☐ Lost ☐ Stolen ☐ Original Not Received

☐ Address Change *(Please complete the Notification of Address Change form located: https://www.speechandhearing.ca.gov/forms_pubs/addchg.pdf)*

☐ Name Change *(Must submit Notification of Name Change located: https://www.speechandhearing.ca.gov/forms_pubs/namechg.pdf and include supporting documentation)*

☐ Name/Gender Change *(Must submit the Notification of Name/Gender Change and Request for Confidentiality located: https://www.dca.ca.gov/licensees/namegender_form.pdf and send supporting documentation).*

I certify under penalty of perjury of the laws of the State of California that I am the person who was issued the original wall and/or pocket licenses by the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board, for which I am requesting replacements.

SIGNATURE: _____ **DATE:** _____

INFORMATION COLLECTION AND ACCESS

The Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board's Executive Officer is the person who is responsible for information maintenance. Section 2532 of the Business and Professions Code is the authority, which authorizes the maintenance of the information. All information is mandatory. Failure to provide any mandatory information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Each individual has the right to review his or her file maintained by the agency subject to the provisions of the California Public Records Act.