



**ARKANSAS BOARD OF HEARING INSTRUMENT
DISPENSERS**

4815 West Markham Street, Slot 2
Little Rock, AR 72205
Office: (501) 203-4032
E-Mail: arhidboard@gmail.com

LICENSE VERIFICATION REQUEST FORM

Please read the form carefully and address all fields. Incomplete forms and submissions will be returned to the requestor. As quoted in the Arkansas Board of Hearing Instrument Dispensers' Rules and Regulations, there will be a \$20 fee for endorsement to another State. If your license verification request is to be sent outside the State of Arkansas, please include a check or money order to cover the endorsement fee and list the State(s) below:

Requestor's Information:

Name: _____ Date: _____
(Last) (First) (M.I)

Address: _____
(Street) (City) (State) (Zip)

Employer/Business: _____
(Business Name/Employer)

Business Address: _____
(Street) (City) (State) (Zip)

Phone: _____ E-Mail: _____

Recipient(s): (Use extra paper if necessary.)

Business Name: _____ Contact: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ E-Mail: _____

Business Name: _____ Contact: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ E-Mail: _____

Printed Name: _____ Signature: _____