REQUEST FOR DUPLICATE/REPLACEMENT LICENSE

The fee for a Duplicate/Replacement License is $1.00. Please provide the following information and mail this completed form, along with a check or money order, payable to the Arkansas Board of Hearing Instrument Dispensers, to the address listed at the bottom of this form.

________________________________________________________________________
Name (Last) (First) (M.I.)     License #

________________________________________________________________________
Address (Street)     (City) (State) (Zip)

________________________________________________________________________
Phone #     E-mail Address

Certificates Requested (List Number)

________________________________________________________________________
Signature     Date

Once you have completed this form, mail to:

Arkansas Board of Hearing Instrument Dispensers
4815 West Markham Street, Slot 2
Little Rock, AR 72205