



**ARKANSAS BOARD OF HEARING INSTRUMENT
DISPENSERS**

4815 West Markham Street, Slot 2
Little Rock, AR 72205
Office: (501) 661-2051
E-Mail: ar.hid.board@arkansas.gov

LICENSE VERIFICATION REQUEST FORM

Please read the form carefully and address all fields. Incomplete forms and submissions will be returned to the requesting party. There is a \$1.00 endorsement fee for license verifications to outside states. Please mail a check or money order (to cover the endorsement fee) and this completed form to the above address. Please check the following box(es) for how you would prefer to receive the official license verification from the Arkansas Board of Hearing Instrument Dispensers (i.e., mail/email, or both).

- Please **mail** the official license verification to the address listed below.
- Please **email** the official license verification to the email address listed below.

Requesting Party's Information:

Name: _____ Date: _____
(Last) (First)

Employer/Business: _____
(Business Name/Employer)

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

Phone: _____ E-Mail: _____

Requesting Information on: _____
(Provider's Name) (License #)

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