

**State of Alabama Hearing Instrument Dealers Board**

400 S Union Street Suite 235B

Montgomery AL 36104

(334) 593-3777

**Application for Hearing Aid Dispenser License**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_ Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Business: \_\_\_\_\_

Business Address: Street/Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address: Street/Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_ \$250 Initial Application Fee

\_\_\_\_\_ \$250 Hearing Aid Dispenser Fee - must also submit:

Proof of High School Graduation or GED

Work History & Education Form

Verification of Licensure Form - if currently/previously licensed in another state

Dispenser - Proof of current certification as a NBC-HIS

Audiologist - Proof of current Alabama Audiologist License

\_\_\_\_\_ \$25 Duplicate Certificate Fee - must also submit:

Duplicate Certificate Request Form (if needed)

Check or Money Order must accompany this form and be made payable to Alabama Hearing Instrument Dealers Board. All applicable forms must be filled out completely, accurately, and legibly or they will be returned which may delay the application process. Signatures where required must be original, computer generated signatures are not permitted. **Do not** staple checks to forms.

Are you a U.S. citizen or legally present in the United States?

Yes  No

If you answered Yes: Provide a legible copy of documentation from attached List A or other document that demonstrates U. S. citizenship or nationality  
Document Provided \_\_\_\_\_

If you answered No: Provide a legible copy of documentation from attached List B or other document that demonstrates lawful presence in the United States  
Document Provided \_\_\_\_\_

Do you have a contagious or infectious disease?

Yes  No

If you answered Yes, provide explanation and documentation

Have you been convicted of a felony? Yes  No   
If you answered Yes, provide explanation and documentation

Have you ever had a license revoked or suspended? Yes  No   
If you answered Yes, provide explanation and documentation

Have you ever been licensed to dispense or sell hearing aids in any other state? Yes  No   
(If Yes, verification form must be completed by state(s) you held/hold a license)

List state(s) including Alabama that you have held or currently hold a license \_\_\_\_\_

The information which I have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application and my failing to be granted a license, a limited license, or the revocation of my license.

Applicants Signature: \_\_\_\_\_

State of Alabama County of \_\_\_\_\_

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by

(SEAL)

Notary Public \_\_\_\_\_

Commission Expires \_\_\_\_\_

Remit To: Hearing Instrument Dealers Board, 400 S. Union Street, Suite 235B, Montgomery, AL 36104  
Attention: Marilyn Fletcher

**Do Not Write In This Space** License Fees \$ \_\_\_\_\_ NBC-HIS  Audiologist   
**For Office Use Only** Check # \_\_\_\_\_ Date Received \_\_\_\_\_ License # \_\_\_\_\_