

**State of Alabama Hearing Instrument Dealers Board**  
400 S Union Street Suite 235B  
Montgomery AL 36104  
(334) 593-3777

**Duplicate Certificate Request Form**

(Print Legibly / Use Black Ink Only)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ License/Permit # \_\_\_\_\_

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

A \$25 Duplicate License Fee must be submitted for each additional certificate requested. Check or Money Order must accompany this form and be made payable to Alabama Hearing Instrument Dealers Board. **Do not** staple checks to forms.

Duplicate # \_\_\_\_\_ Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Duplicate # \_\_\_\_\_ Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Duplicate # \_\_\_\_\_ Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Duplicate # \_\_\_\_\_ Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Duplicate Certificate Request Forms should be in line with the Business Statement of Compliance Employee List and provide a Duplicate Permit or License for any Apprentice, Hearing Aid Specialist or Hearing Aid Dispenser working in multiple locations within Alabama. Attach multiple pages as needed to cover all duplicates for this Permit Holder or Licensee.

This is page \_\_\_\_ of \_\_\_\_ TOTAL # OF DUPLICATES REQUESTED: \_\_\_\_ X \$25 = \$ \_\_\_\_\_

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