

State of Alabama Hearing Instrument Dealers Board

400 S Union Street Suite 235B

Montgomery AL 36104

(334) 593-3777

2017 License Renewal Form

Please Note: All License Renewals must be received/postmarked by January 30th

Date: ____/____/____

Name: Last _____ First _____ MI _____

SS# ____ - ____ - ____ DOB ____/____/____ Gender ____ Business Phone _____ Home Phone _____

Business Name: _____

Business Address: Street/Box _____ City _____ State _____ Zip _____

Home Address: Street/Box _____ City _____ State _____ Zip _____

Email Address: _____

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

Dispenser - Proof of current certification as a NBC-HIS

Audiologist - Proof of current Alabama Audiologist License

Verification of 10 hours of specified CEU's from approved continuing education sources for the previous 12 months.

_____ \$200 Hearing Aid Specialist Fee - must also submit:

Verification of 10 hours of specified CEU's from approved continuing education sources for the previous 12 months.

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

Duplicate Certificate Request Form (if needed)

_____ \$50 Late Fee (if renewal is received after January 30/before March 1

_____ \$200 Reinstatement Fee (if renewal is received after March 1 and within two years of next renewal)

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.

Do you have a contagious or infectious disease?

If you answered Yes, provide explanation and documentation

Yes No

Have you been convicted of a felony in the past year?

If you answered Yes, provide explanation and documentation

Yes No

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Have you had a license revoked or suspended in the past year? Yes No
If you answered Yes, provide explanation and documentation

Applicants Signature: _____ Supervising Dispenser Signature: _____

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

Do Not Write In This Space For Office Use Only	License Fees \$ _____	NBC-HIS <input type="checkbox"/>	Audiologist <input type="checkbox"/>
	Check # _____	Date Received _____	License # _____