

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

**Verification of Licensure Form**

(Print Legibly / Use Black Ink Only)

This form must be completed by the State Regulatory Agency in each state in which you hold or have held a license, permit or certificate to select, fit, sell or in any other manner dispense hearing aid/instruments.

State to which you are submitting for verification: \_\_\_\_\_

To Whom It May Concern: Please provide verification of any Current, Active, Inactive, Suspended or Revoked Licensure for the Dispensing of Hearing Aids or Hearing Instruments in your State.

Applicant's Name:

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

License # \_\_\_\_\_ Date Issued \_\_\_\_ - \_\_\_\_ - \_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Professional title in which license was issued \_\_\_\_\_

Licensure Status: Current/Active \_\_\_\_\_ Inactive \_\_\_\_\_ Suspended \_\_\_\_\_ Revoked \_\_\_\_\_

Effective Date Licensure Status \_\_\_\_ - \_\_\_\_ - \_\_\_\_

If not current, explain briefly why not \_\_\_\_\_

License issued on the basis of \_\_\_\_\_

Are there any records of disciplinary action? Yes  No

If Yes, list cause for disciplinary action \_\_\_\_\_

(SEAL)

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

Signature of Official \_\_\_\_\_

Title \_\_\_\_\_

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