



**ARKANSAS BOARD OF HEARING INSTRUMENT
DISPENSERS**

4815 West Markham Street, Slot 2
Little Rock, AR 72205
Phone: (501) 203-4032
E-mail: arhidboard@gmail.com

REQUEST FOR DUPLICATE/REPLACEMENT LICENSE

According to Article III, Section 6, in the Arkansas Board of Hearing Instrument Dispensers Rules and Regulations, there will be a \$25.00 charge for a Duplicate/Replacement License. Please provide the following information and mail this completed form, along with a check to cover the Duplicate/Replacement Fee, to the address listed at the bottom of this form.

_____		_____	
Name (Last)	(First)	(M.I.)	License #

Address (Street)		(City)	(State) (Zip)
_____		_____	
Phone #	E-mail Address		

_____ **Certificates Requested**
(List Number)

_____	_____
Signature	Date

Once you have completed this form, mail to:
Arkansas Board of Hearing Instrument Dispensers
4815 West Markham Street, Slot 2
Little Rock, AR 72205