



ARKANSAS BOARD OF HEARING INSTRUMENT DISPENSERS

4815 West Markham Street, Slot 2
Little Rock, AR 72205
Phone: (501) 661-2051
E-Mail: ar.hid.board@arkansas.gov

Change of Established Place of Business Form

The Arkansas Board of Hearing Instrument Dispensers require all Interns and Dispensers to notify the Board of any change in established place of business and all satellite locations within ten (10) days of any change. Failure to provide this information will be grounds for rejection/suspension of an Internship or Dispenser License.

Name: _____ License # _____
(First) (Last)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____
(Cell) (Work) (Secondary - Optional)

E-Mail: _____

Previous Business: _____ Date: _____

New Business Location: _____ Date: _____

Address: _____
(Street) (City) (State) (Zip)

Reason for change:

(Print Full Name)

(Signature)

Send completed form via certified mail to:

**Arkansas Board of Hearing Instrument Dispensers
4815 West Markham Street, Slot 2
Little Rock, AR 72205**

You can email to Ar.hid.board@arkansas.gov but you still must send a certified copy in the mail.