



**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

**REQUEST FOR DUPLICATE/REPLACEMENT LICENSE**

The fee for a Duplicate/Replacement License is \$1.00. Please provide the following information and mail this completed form, along with a check or money order, payable to the Arkansas Board of Hearing Instrument Dispensers, to the address listed at the bottom of this form.

_____		_____	
<b>Name (Last)</b>	<b>(First)</b>	<b>(M.I.)</b>	<b>License #</b>
_____			
<b>Address (Street)</b>		<b>(City)</b>	<b>(State)</b> <b>(Zip)</b>
_____		_____	
<b>Phone #</b>	<b>E-mail Address</b>		

\_\_\_\_\_ **Certificates Requested**  
(List Number)

_____	_____
<b>Signature</b>	<b>Date</b>

**Once you have completed this form, mail to:**  
**Arkansas Board of Hearing Instrument Dispensers**  
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**Little Rock, AR 72205**