



STATE COMMITTEE OF EXAMINERS IN THE FITTING AND DISPENSING OF HEARING INSTRUMENTS

Mail Code: MC1982 * PO Box 149347 * Austin, Texas 78714-9347
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DUPLICATE LICENSE OR PERMIT REQUEST FORM

**§141.6 (f) The fees for administering the Act and this chapter shall be as follows: (7)
duplicate document fee - \$25.00**

§141.9 (c) Replacement card. The committee will replace a lost, damaged, or destroyed license certificate or renewal card upon a written request from the licensee and payment for a duplicate document. Requests must include a statement detailing the loss or destruction of the licensee's original license or card or be accompanied by the damaged certificate or card.

§141.9 (d) Duplicate card. Upon the written request and payment of a duplicate document fee by a licensee, the committee will provide a licensee with a duplicate certificate for a second place of practice which is designated in a licensee's file.

Submit this page (the budget number and fund number are critical) and fee to the following address:

State Committee of Examiners in the Fitting and Dispensing of Hearing Instruments
Mail Code: MC 2003
PO Box 149347
Austin, Texas 78714-9347

Name: _____

License or permit number: _____

If your address, phone number and/or employer have changed, include the current information below
(include area code and zip code):

