



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

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NAME CHANGE REQUEST FORM

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

§141.4 (c) A licensee shall keep his or her committee file updated by notifying the committee in writing of changes of name, address, telephone number, and employment. The committee is not responsible for lost, misdirected, or undelivered mail.

Submit this page (the budget number and fund number are critical), proof of name change and fee to the following address:

State Committee of Examiners in the Fitting & Dispensing of Hearing Instruments
Texas Department of State Health Services
PO Box 149347 Mail Code: MC2003
Austin, TX 78714-9347

Please print or type the name as changed: _____

Social security number: _____

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):

