

State of Alabama Hearing Instrument Dealers Board

400 S Union Street Suite 235B

Montgomery AL 36104

(334) 593-3777

2024 License Renewal Form

Please Note: All License Renewals must be received/postmarked by **January 30th**

Date: ____/____/____

Name: Last _____ First _____ MI _____

SS# ____ - ____ - ____ DOB ____/____/____ Gender ____

Business Phone _____ Home Phone _____

Business Name: _____

Business Address: Street/Box _____

City _____ State _____ Zip _____

Home Address: Street/Box _____

City _____ State _____ Zip _____

Email Address: _____

_____ \$250 Hearing Aid Dispenser Fee - must also submit:
Dispenser - Proof of current certification as a NBC-HIS
Audiologist - Proof of current Alabama Audiologist License
Verification of 20 hours of specified CEUs from approved continuing education sources
for the previous 2 years (2022, 2023). (6 of the 20 must be the required contact hours.)

_____ \$200 Hearing Aid Specialist Fee - must also submit:
Verification of 20 hours of specified CEUs from approved continuing education sources
for the previous 2 years (2022, 2023). (6 of the 20 must be the required contact hours.)

_____ \$25 Duplicate Certificate Fee - must also submit:
Duplicate Certificate Request Form

_____ \$50 Late Fee (if renewal is received after January 30/before March 1

_____ \$200 Reinstatement Fee (if renewal is received after March 1 and within two years of next renewal)

Check or Money Order must accompany this form and be made payable to Alabama Hearing Instrument Dealers Board. All applicable forms must be filled out completely, accurately, and legibly or they will be returned which may delay the application process. Signatures where required must be original, computer generated signatures are not permitted. Do not staple checks to forms.

Do you have a contagious or infectious disease? Yes No
If you answered Yes, provide explanation and documentation

Have you been convicted of a felony in the past year? Yes No
If you answered Yes, provide explanation and documentation
License Renewal Form

Have you had a license revoked or suspended in the past year? Yes No
If you answered Yes, provide explanation and documentation

Applicant's Signature: _____

Supervising Dispenser's Signature: _____

Remit To: Hearing Instrument Dealers Board, 400 S. Union Street, Suite 235B, Montgomery, AL 36104
Attention: Sandra Bice

Do Not Write In This Space	License Fees \$ _____	NBC-HIS <input type="checkbox"/>	Audiologist <input type="checkbox"/>
For Office Use Only	Check # _____	Date Received _____	License # _____