



## DISPENSER LICENSE MODIFICATION FORM CHECKLIST

This checklist is a tool to ensure you have enclosed all required items for modification of a dispenser license.

- 
- Fees
  
  - Complete the section to indicate what action you want taken. Pay close attention to the options.
- 

Failure to submit required items will delay processing of your application.

**Fees are non refundable.**



HEARING INSTRUMENT CONSUMER PROTECTION PROGRAM  
**DISPENSER LICENSE MODIFICATIONS FORM**

NAME \_\_\_\_\_ ID# \_\_\_\_\_  
(First) (MI) (Last)

Indicate request below:

- \_\_\_\_\_ License correction (change in name, address)
- \_\_\_\_\_ Duplicate license
- \_\_\_\_\_ Additional license (additional address)
- \_\_\_\_\_ Delete (not currently dispensing at this location)\*
- \_\_\_\_\_ New home address\*

\* No fee for this transaction

Indicate information changes/additions below.

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

Fees for correction(s), additional(s) and duplicate(s) are \$20 per license. Submit check or money order made out to IDPH - Hearing Instrument Program with completed form to:

Illinois Department of Public Health  
ATTN: Hearing Instrument Program  
535 W. Jefferson St., Third Floor  
Springfield, IL 62761  
Questions? Call 217-782-4733 • FAX 217-557-5324  
E-mail: [dph.visionandhearing@illinois.gov](mailto:dph.visionandhearing@illinois.gov)

To the best of my knowledge, the above information is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

