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 ___________________________________________ (First) (MI) (Last) ID# _________________________

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

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

Signature __________________________ Date __________________________