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 217-524-2396 • FAX 217-524-4201
E-mail: dph.visionandhearing@illinois.gov

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

_______________________________________________________ __________________________
Signature                                            Date

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