

**Board for Hearing Specialists and Opticians
 HEARING AID SPECIALIST RE-EXAMINATION APPLICATION**

A check or money order payable to the **TREASURER OF VIRGINIA**,
 or a completed [credit card insert](#) must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

Select the examination section(s) you are requesting.

X	Examination	Sections Included	Trans	Fee
<input type="checkbox"/>	Written Examination - Part I	Section I - Theory Licensing Exam	1011	✱
<input type="checkbox"/>	Practical Examination - Part II	Section I - Audiograms Section II - Speech Testing	1011	\$90.00
<input type="checkbox"/>	Rules & Regulations	Section III - Earmold Impressions Section IV - Hearing Modification & Repairs	1011	✱

✱ Fee is paid directly to the exam vendor.

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

_____ Last (required) _____ First (required) _____ Middle _____ Generation

2. Provide at least **one** of the following identification numbers*:

Social Security Number and/or

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Virginia DMV Control Number

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

3. Date of Birth _____
MM/DD/YYYY

4. Maiden or Former Name(s) _____

5. Mailing Address (PO Box accepted) _____
 The mailing address will be printed on the license.

City _____ State _____ Zip Code _____

6. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.

PHYSICAL ADDRESS REQUIRED

City _____ State _____ Zip Code _____

7. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

8. Email Address _____
 Email address is considered a public record and will be disclosed upon request from a third party.

9. Requested Examination Date _____ 10. Date of Your Last Examination _____
MM/DD/YYYY MM/DD/YYYY

11. Signature _____ Date _____

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1011		2101	