



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## HEARING INSTRUMENT FITTERS AND DISPENSERS TEMPORARY TRAINING PERMIT APPLICATION INSTRUCTIONS

**DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.**

**An applicant for a temporary training permit must successfully pass a criminal history background check.**

1. NAME – Provide your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. NAME ON TRANSCRIPT(S) and/or HIGH SCHOOL DIPLOMA – If the name is different from item 1, enter the other names used in this field.
3. DATE OF BIRTH – Provide your birthdate.
4. SOCIAL SECURITY NUMBER – Social security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:  
[www.texasattorneygeneral.gov/cs](http://www.texasattorneygeneral.gov/cs) or call (512) 460-6000 or (800) 252-8014.
5. EMAIL ADDRESS – Provide your email address only if you agree to the following statement. By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
6. PERSONAL PHONE NUMBER – Provide the telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. BUSINESS PHONE NUMBER – Provide the telephone number, including the area code, of the business listed.
8. MAILING ADDRESS – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
9. HAVE YOU EVER TAKEN A WRITTEN TEST TO FIT AND DISPENSE HEARING INSTRUMENTS – Indicate by checking the box Yes or No. If Yes, give the name of test, the date the test was taken, the score and the state which you completed the written test.
10. HAVE YOU EVER TAKEN A PRACTICAL TEST TO FIT AND DISPENSE HEARING INSTRUMENTS – Indicate by checking the box Yes or No. If Yes, give the date taken, the scores and state which you completed the practical test.
11. HAVE YOU EVER BEEN ISSUED A TEMPORARY TRAINING PERMIT – Indicate by checking the box Yes or No. If Yes, give the state from which the permit was issued, permit number and date issued.
12. HAVE YOU EVER BEEN ISSUED AN APPRENTICE PERMIT BY ANOTHER STATE JURISDICTION OR TERRITORY – Indicate by checking box Yes or No. If Yes, give the state(s) from which the permit was issued, permit number, date issued and how long the apprenticeship was.
13. CURRENT EMPLOYMENT – Provide the contact information for your current employer.
14. ACADEMIC TRAINING – List all high schools, colleges and universities attended and attach additional pages if necessary.

15. POSSESS A PROFESSIONAL LICENSE, OR CERTIFICATE, OR REGISTRATION ISSUED BY ANOTHER STATE, JURISDICTION OR TERRITORY – Indicate by checking box Yes or No. If yes, a license verification form must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice. Give license or certificate number(s), title(s), and the name(s) and address (s) of the jurisdiction(s) issuing the license(s), or certificate(s), or registration(s).
16. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had a professional license, certification, or registration suspended, canceled, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf](http://www.tdlr.texas.gov/misc/Disciplinary_Action_Questionnaire.pdf).
17. VOLUNTARILY SURRENDERED ANY PROFESSIONAL LICENSE, OR CERTIFICATE, OR REGISTRATION – Indicate by checking the box Yes or No. If yes, briefly describe.
18. CRIMINAL HISTORY – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/MISC/lic002.pdf](http://www.tdlr.texas.gov/MISC/lic002.pdf).  
If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at [www.tdlr.texas.gov/crimHistoryEval.htm](http://www.tdlr.texas.gov/crimHistoryEval.htm).
19. STATEMENT OF APPLICANT – Carefully read the statement before dating and signing your application.
20. SUPERVISOR'S AFFIDAVIT FOR TEMPORARY TRAINING PERMIT – The proposed supervisor will carefully read the affidavit, complete the form, sign and date.

**LICENSURE PROCESS:**

1. Successfully complete the Temporary Training Permit application, Supervisor's Affidavit, and background check.
2. After obtaining a Temporary Training Permit:
  - a. complete 150-hours of direct supervised practicum and complete 10 hours of masking under direct supervised practicum.
  - b. submit the Supervised Practicum Affidavit.**
  - c. take and pass the written test, which is administered by IHS. Take and pass the practical test.
3. Upon passing both the written test and the practical test, complete and submit an Apprentice Permit application, certificate of completion of the jurisprudence test, and Supervisor's Affidavit, with \$205 fee.
4. After obtaining an Apprentice Permit, complete the one-year apprenticeship, including completion of 20 hours of classroom continuing education.
5. Complete and submit a Hearing Instrument Fitter and Dispenser license application with the \$205 fee and submit all additional required documentation.

**CHECKLIST OF REQUIRED DOCUMENTATION TO BE SUBMITTED WITH APPLICATION AND FEE:**

Applications will not be processed until all required documents are received. To expedite your application, collect all documents and send them with your application. Having documents sent separately can significantly delay the processing of an application.

- Application and the \$205.00 fee.
- Supervisor's Affidavit (included with this application).
- Submit one of the following education records:
  - (A) an official diploma or official transcript indicating graduation from an accredited high school;
  - (B) a certificate of high school equivalency issued by the appropriate education agency; or
  - (C) an official diploma or official transcripts from an accredited college or university indicating a college degree was obtained.
- Provide documentation that the applicant is at least 18 years of age.

**APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES**

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the Military Service Member, Military Veteran or Military Spouse Supplemental Application (TDLR form MIL001) and attach it with your license application. The form is located on the TDLR website at: <http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the TDLR Military Information web page at: <http://www.tdlr.texas.gov/military.htm>.

**SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

TDLR  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at <https://www.tdlr.texas.gov> or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas- TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



**TEXAS DEPARTMENT OF LICENSING & REGULATION**  
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**HEARING INSTRUMENT FITTERS AND DISPENSERS  
 TEMPORARY TRAINING PERMIT APPLICATION**

**APPLICATION FEE: \$205  
 (FEE IS NON-REFUNDABLE)**

**This completed form must be accompanied by required educational documents and the application fee**

1. Name: \_\_\_\_\_  
 Last Name, First Name, Middle Name, Suffix (Jr., Sr., III)

2. Name on transcript(s)/diploma: (if different from #1) \_\_\_\_\_  
 Last Name, First Name, Middle Name, Suffix (Jr., Sr., III)

|   |  |
|---|--|
| 3. Date of Birth: _____<br>Month/Day/Year | 4. Social Security Number: _____<br>See instruction sheet for disclosure information |
|---|--|

|   |   |   |
|---|---|---|
| 5. Email Address: _____<br>Ex: johndoe@gmail.com See instruction sheet for disclosure information | 6. Personal Phone Number: _____<br>(Area Code) Phone Number | 7. Business Phone Number: _____<br>(Area Code) Phone Number |
|---|---|---|

8. Mailing Address: \_\_\_\_\_  
 P.O. Box, Number, Street Name/Apartment Number, City, State, Zip Code

9. Have you ever taken a written test to fit and dispense hearing instruments?  Yes  No  
 If Yes, give the name of test, date taken, score, and state administering the test:  
 Name of Test Date Test Taken Test Score State Test Administered

10. Have you ever taken a practical test to fit and dispense hearing instruments?  Yes  No  
 If Yes, give the date taken, scores, and state administering the test:  
 Name of Test Date Test Taken Test Score State Test Administered

11. Have you ever been issued a temporary training permit?  Yes  No  
 If Yes, give the state(s) from which the permit was issued, permit number and date issued:  
 State Permit Number Date Issued

12. Have you ever been issued an apprentice permit by another state(s), jurisdiction, or territory?  Yes  No  
 If Yes, give the State(s) from which the permit was issued, permit number, date issued and how long the apprenticeship was:  
 State Permit Number Date Issued Duration of Apprenticeship

**13. CURRENT EMPLOYMENT CONTACT INFORMATION**

|                            |   |
|----------------------------|---|
| Place of Employment: _____ | Phone Number: _____<br>(Area Code) Phone Number |
|----------------------------|---|

Employer's Address: \_\_\_\_\_  
 Street Number, Street Name, Suite Number, City, State, Zip Code

|                  |  |
|------------------|--|
| Job Title: _____ | Employment Start Date: _____<br>Month/Day/Year |
|------------------|--|

14.

**ACADEMIC TRAINING**

(List all high schools, colleges, and universities attended and attach additional pages if necessary)

Name of High School/College/University/Institution:

Location:

Street Number, Street Name, City, State, Zip Code

Inclusive dates attended:

Begin (Month/Year)

End (Month/Year)

Type of Degree Granted:

Major Field:

Name of High School/College/University/Institution:

Location:

Street Number, Street Name, City, State, Zip Code

Inclusive dates attended:

Begin (Month/Year)

End (Month/Year)

Type of Degree Granted:

Major Field:

15. Do you possess professional license(s), certificate(s), or registration(s) issued by another state(s), jurisdiction, or territory?  Yes  No

If yes, a license verification form must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice. Give license, or certificate, or registration number(s), title(s), and the name(s) and address(s) of the jurisdiction(s) issuing the license(s), or certificate(s), or registration(s).

16. Have you ever had a professional license, certification or registration suspended, canceled, revoked or denied in any state?  Yes  No

If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application. This does **not** include your driver license.

17. Have you ever voluntarily surrendered any professional license, or certificate, or registration?  Yes  No

If answer is yes, briefly state the type of license, or certificate, or registration, the name and address of the agency that issued the license, or certificate, or registration, and the reasons.

18. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?  Yes  No

If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense. See instructions sheet for more information

19.

**STATEMENT OF APPLICANT**

I certify that I have read and will comply with all applicable provisions of the Hearing Instrument Fitters and Dispensers Act; Texas Occupation Code, Chapter 402 and Chapter 51; and the Hearing Instrument Fitters and Dispensers Administrative Rules; Texas Administrative Code, Chapter 112. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

Signature of Applicant

Date Signed



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20.

## HEARING INSTRUMENT FITTERS AND DISPENSERS TEMPORARY TRAINING PERMIT SUPERVISOR'S AFFIDAVIT

By my signature below, I understand and attest that:

- It shall be the responsibility of each holder of a temporary training permit under this Act to be familiar with and to avoid commission of any acts regarded as unethical practices by the Act. **Full responsibility for the ethical conduct of a temporary permit holder shall rest with the license holder who has agreed to be the permit holder's supervisor.**
- I will supervise the applicant in all work done by the applicant under the temporary training permit.
- I will notify the department not later than the 10th day after the date of the applicant's termination of supervision.
- I do hereby affirm that I hold a valid license to fit and dispense hearing instruments under Texas Occupations Code, Chapter 401 or 402, other than an individual licensed under §401.311 or §401.312. If I am licensed under Texas Occupations Code, Chapter 401, I shall comply with all provisions of Texas Occupations Code, Chapter 402, and this chapter that relate to the supervision and training of a temporary permit holder.
- On completion of the directly supervised practicum, the temporary training permit holder shall complete the permit holder's training under the indirect supervision of the permit holder's supervisor.

### As a supervisor of a temporary training permit holder, I will

- not supervise more than two temporary training permit holders at one time.
- be responsible for the direct supervision and education of a temporary training permit holder.
- directly and indirectly supervise a temporary training permit holder. A supervisor shall provide direct supervision by being located on the premises and available to the temporary training permit holder for prompt consultation. A supervisor shall provide indirect supervision by reviewing daily a temporary training permit holder's patient contact and daily work.
- be responsible for day-to-day supervision of the temporary training permit holder and be ultimately responsible for the service to a client treated by the permit holder.
- observe the permit holder during the practicum, confer with the permit holder after the permit holder's contact with clients, and provide an opportunity for comment on the practicum experience in writing or through conferences, during and after the practicum experience.
- establish that the supervisor is solely responsible for the practicum and daily supervision of the permit holder.
- know and adhere to state and federal laws relating to hearing instrument fitting and dispensing.
- maintain a log of the contact hours by practicum category on a form prescribed by the department. After the temporary training permit holder has completed 150 contact hours and 10 hours of masking, the supervisor shall complete the Temporary Training Permit Supervised Practicum Affidavit and mail it to the department.

Applicant's Name:

\_\_\_\_\_

Last Name, First Name, Middle Name, Suffix (Jr., Sr., III)

Supervisor's Name:

\_\_\_\_\_

Last Name, First Name, Middle Name, Suffix (Jr., Sr., III)

Supervisor's License #:

\_\_\_\_\_

TDLR License Number

Business Name:

\_\_\_\_\_

Business Phone Number:

\_\_\_\_\_

(Area Code) Phone Number

Employer's Address:

\_\_\_\_\_

Street Number, Street Name, Suite Number, City, State, Zip Code

### STATEMENT OF AGREEMENT

I certify that I have read and will comply with all applicable provisions of the Hearing Instrument Fitters and Dispensers Act; Texas Occupation Code, Chapter 402 and Chapter 51; and the Hearing Instrument Fitters and Dispensers Administrative Rules; Texas Administrative Code, Chapter 112. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

\_\_\_\_\_  
Signature of Temporary Training Permit Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date



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The **Supervised Practicum Affidavit** follows this page.

This form is not to be returned with the Temporary Training Permit application.

- **This form should only be returned once the Temporary Training Permit has been issued and the supervised practicum hours are complete.**
- **The logs do not need to be turned in unless requested by TDLR.**

Please Note:

§112.53. Temporary Training Permit--Supervision and Temporary Training Requirements.

(c) A person must obtain a temporary training permit prior to beginning the supervision and must maintain a valid temporary training permit during his or her supervised practicum experience.

**Once you have obtained your Temporary Training Permit, you may begin your supervised practicum.**

(g) A temporary training permit holder shall have at least 150 hours of directly supervised practicum that shall include the following:

- (1) 25 contact hours of pure tone air conduction, bone conduction, and speech audiometry, recorded and live voice, with 15 of the required hours being with actual clients;
- (2) 25 client contact hours of hearing instrument evaluations, including sound-field measurements with recorded and live voice;
- (3) 20 contact hours of instrument fittings with actual clients;
- (4) 10 contact hours of earmold orientation types, uses, and terminology;
- (5) five contact hours of earmold impressions and otoscopic examinations of the ear;
- (6) 15 contact hours of troubleshooting of defective hearing instruments;
- (7) 20 contact hours of case history with actual clients;
- (8) 10 contact hours regarding the laws governing the licensing of persons fitting and dispensing hearing instruments and federal Food and Drug Administration and Federal Trade Commission regulations relating to the fitting and dispensing of hearing instruments; and
- (9) 20 contact hours of supplemental work in one or more of the areas described by paragraphs (1) through (8).

(h) Pursuant to Texas Occupations Code §402.254, in addition to the contact hours under subsection (g), a temporary training permit holder shall complete at least 10 contact hours of masking under the direct supervision of the supervisor.

Upon completion of the 160 hours of supervised practicum, the Supervisor must complete and sign the Temporary Training Permit Supervised Practicum Affidavit. **It is the responsibility of the Temporary Training Permit holder and the Supervisor to submit the Temporary Training Permit Supervised Practicum Affidavit to Texas Department of Licensing and Regulation.** Once the document has been received and approved by TDLR, the Temporary Training Permit holder will be notified by the department's designee about eligibility to take the written test and the practical test.



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## HEARING INSTRUMENT FITTERS AND DISPENSERS TEMPORARY TRAINING PERMIT SUPERVISED PRACTICUM AFFIDAVIT INSTRUCTIONS

**A temporary training permit holder must complete 150 hours of directly supervised practicum, plus 10 contact hours of masking under the direct supervision of the supervisor. Once the 160 hours of supervised practicum are complete, the approved supervisor must complete the Supervised Practicum Affidavit. **The completed Supervised Practicum Affidavit must be submitted to TDLR.** Once the Supervised Practicum Affidavit has been reviewed and approved, the Temporary Training Permit holder will be notified by the department's designee about eligibility to take the written test and the practical test.**

1. TEMPORARY TRAINING PERMIT HOLDER'S NAME – Write the temporary training permit holder's legal name in the space provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. TEMPORARY TRAINING PERMIT NUMBER – Write the number of the temporary training permit.
3. TEMPORARY TRAINING PERMIT HOLDER'S STATEMENT – Carefully read the statement and sign and date.
4. SUPERVISOR'S NAME – Write the supervisor's legal name in the space provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
5. SUPERVISOR'S HEARING INSTRUMENT FITTERS AND DISPENSERS LICENSE NUMBER – Write the number of the supervisor's Texas license.
6. SUPERVISOR'S STATEMENT – Carefully read the statement and sign and date.

**Please read the supervised practicum requirements below:**

### **§112.53. Temporary Training Permit--Supervision and Temporary Training Requirements.**

(a) The training of a temporary training permit holder must be done under the supervision of an individual who holds a valid license to fit and dispense hearing instruments under Texas Occupations Code, Chapter 401 or 402, other than an individual licensed under §401.311 or §401.312.

(b) A supervisor licensed under Texas Occupations Code, Chapter 401, shall comply with all provisions of Texas Occupations Code, Chapter 402, and this chapter that relate to the supervision and training of a temporary permit holder. A supervisor licensed under Texas Occupations Code, Chapter 402, shall comply with all provisions of the Act and this chapter.

(c) A person must obtain a temporary training permit prior to beginning the supervision and must maintain a valid temporary training permit during his or her supervised practicum experience.

(g) A temporary training permit holder shall have at least 150 hours of directly supervised practicum that shall include the following:

- (1) 25 contact hours of pure tone air conduction, bone conduction, and speech audiometry, recorded and live voice, with 15 of the required hours being with actual clients;
  - (2) 25 client contact hours of hearing instrument evaluations, including sound-field measurements with recorded and live voice;
  - (3) 20 contact hours of instrument fittings with actual clients;
  - (4) 10 contact hours of earmold orientation types, uses, and terminology;
  - (5) five contact hours of earmold impressions and otoscopic examinations of the ear;
  - (6) 15 contact hours of troubleshooting of defective hearing instruments;
  - (7) 20 contact hours of case history with actual clients;
  - (8) 10 contact hours regarding the laws governing the licensing of persons fitting and dispensing hearing instruments and federal Food and Drug Administration and Federal Trade Commission regulations relating to the fitting and dispensing of hearing instruments; and
  - (9) 20 contact hours of supplemental work in one or more of the areas described by paragraphs (1) through (8).
- (h) Pursuant to Texas Occupations Code §402.254, in addition to the contact hours under subsection (g), a temporary training permit holder shall complete at least 10 contact hours of masking under the direct supervision of the supervisor.



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## HEARING INSTRUMENT FITTERS AND DISPENSERS TEMPORARY TRAINING PERMIT SUPERVISED PRACTICUM AFFIDAVIT

1. Temporary Training Permit Holder's Name:

2. Temporary Training Permit #:

\_\_\_\_\_  
Last, First, Middle Name, Suffix (Jr., Sr., III)

### 3. TEMPORARY TRAINING PERMIT HOLDER'S STATEMENT OF AGREEMENT

I do hereby certify that I have completed the 160 hours of directly supervised practicum in accordance with 16 TAC §112.52(g) and (h). I certify that I have read and will comply with all applicable provisions of the Hearing Instrument Fitters and Dispensers Act; Texas Occupation Code, Chapter 402 and Chapter 51; and the Hearing Instrument Fitters and Dispensers Administrative Rules; Texas Administrative Code, Chapter 112. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

\_\_\_\_\_  
Signature of Temporary Training Permit Holder

\_\_\_\_\_  
Date Signed

4. Supervisor's Name:

5. Supervisor's License #:

\_\_\_\_\_  
Last, First, Middle Name, Suffix (Jr., Sr., III)

### 6. SUPERVISOR'S STATEMENT OF AGREEMENT

I do hereby certify that the above temporary training permit holder has completed the 160 hours of directly supervised practicum in accordance with 16 TAC §112.52(g) and (h). I certify that I have read and will comply with all applicable provisions of the Hearing Instrument Fitters and Dispensers Act; Texas Occupation Code, Chapter 402 and Chapter 51; and the Hearing Instrument Fitters and Dispensers Administrative Rules; Texas Administrative Code, Chapter 112. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date Signed



















