TEXAS DEPARTMENT OF LICENSING & REGULATION
P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

HEARING INSTRUMENT FITTERS AND DISPENSERS EXTENSION APPLICATION FOR APPRENTICE PERMIT INSTRUCTIONS

Please note that an Apprentice Permit may only be extended once, for a period of one year.

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 III. (Mr. is not a suffix.)
2. PERMIT NUMBER – Provide the number of your current permit number.
3. PERMIT EXPIRATION DATE – Provide the date of expiration for your current permit.
4. DATE OF BIRTH – Provide your birth date.
5. 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***.
   If you do not have a Social Security Number, you must complete the ***Social Security Number Status Certification*** form. See additional information at ***Verification of Lawful Presence***.
6. 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.
7. 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.
8. BUSINESS PHONE NUMBER – Provide the telephone number, including the area code, of the business listed.
9. 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. Add the zip plus–4 to help the postal service deliver mail more efficiently and accurately.
10. STATEMENT OF APPLICANT – Carefully read the statement before signing and dating your application.
11. SUPERVISOR'S AFFIDAVIT FOR PERMIT HOLDER – The proposed supervisor will carefully read the affidavit, complete the form, sign and date.

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.

- ☐ Complete Application and Fee of $25.00 (Fees are non-refundable)
- ☐ **New** Supervisor's Affidavit (included with this application).

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 (PDF)*** and attach it with your license application. 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 ***TDLR Military Information***.

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, visit the ***TDLR website*** or reach Customer Service via ***webform***. The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

TDLR Public Information Act Policy:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the ***TDLR Public Information Act Policy***.

TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

HEARING INSTRUMENT FITTERS AND DISPENSERS EXTENSION APPLICATION FOR APPRENTICE PERMIT

APPLICATION FEE: $25.00

(FEE IS NON-REFUNDABLE)

This completed form must be accompanied by required affidavit and the application fee

1. Name:

Last Name | First Name | Middle Name | Suffix

2. Permit Number:

3. Permit Expiration Date:

MM/DD/YYYY

4. Date of Birth:

MM/DD/YYYY

5. Social Security Number:

See instruction sheet for disclosure information

6. Email Address:

Ex: johndoe@gmail.com See instruction sheet for disclosure information

7. Personal Phone Number:

(Area Code) Phone Number

8. Business Phone Number:

(Area Code) Phone Number

9. Mailing Address:

P.O. Box, Number, Street Name/Apartment Number | City | State | Zip Code+4

10. 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.

Applicant's Signature | Date

TEXAS DEPARTMENT OF LICENSING & REGULATION
P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

11. HEARING INSTRUMENT FITTERS AND DISPENSERS APPRENTICE PERMIT SUPERVISOR'S AFFIDAVIT

An apprentice permit holder shall work under the supervision of a license holder for at least one year. During the apprentice year, the apprentice permit holder shall complete 20 hours of classroom continuing education as required by Section 402.303 for a license holder.

§112.43. Apprentice Permit--Supervision Requirements.
(a) An apprentice permit holder shall work under the direct or indirect supervision of a license holder for at least one year.
(b) The supervisor shall periodically conduct a formal evaluation of the applicant's progress in the development of professional skills.
(c) A supervisor of an apprentice permit holder is responsible for services to the client that may be performed by the apprentice permit holder. The supervisor must ensure that all services provided are in compliance with the Act and this chapter.
(d) The apprenticeship must be done under the direct or indirect supervision of an individual authorized to supervise permit holders who holds a valid license to fit and dispense hearing instruments in the State of Texas under Texas Occupations Code, Chapter 401 or 402, other than a person licensed under §401.311 or §401.312.
(e) The supervisor must submit written notification of cessation of supervision to the department and the apprentice permit holder within ten (10) days of cessation of supervision on a department-approved form or in a manner prescribed by the department.
(f) The apprentice permit holder shall give written notice to the department of the transfer of supervision within ten (10) working days of change in supervisor on a department-approved form or in a manner prescribed by the department.
(g) The supervisor's agreement form must be completed by the apprentice permit holder and the supervisor or supervisors on a department-approved form or in a manner prescribed by the department.
(h) Notwithstanding the supervision provisions in this section, the department may establish procedures, processes, and mechanisms for the monitoring and reporting of the supervision requirements.

Applicant's Name:

Last Name	First Name	Middle Name	Suffix

Supervisor's Name:

Last Name	First Name	Middle Name	Suffix

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+4

STATEMENT OF AGREEMENT

By the signatures below, we certify that we 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. We understand that providing false information on this application may result in denial of this application and/or revocation of the license we are requesting and the imposition of administrative penalties.

Signature of Apprentice Permit Applicant/Holder — Date

Signature of Supervisor — Date