

Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Commercial Services  
 Licensing Division  
 HEARING AID DEALERS  
 P.O. Box 30245, Lansing, MI 48909  
 517-241-1306 - Fax: 517-373-1044  
[www.michigan.gov/hearingaiddealers](http://www.michigan.gov/hearingaiddealers)

## REQUEST FOR DUPLICATE LICENSE

**TOTAL FEE DUE: \$10.00**

**FEE IS NON-REFUNDABLE**

AUTHORITY: P.A. 299 of 1980, as amended  
 COMPLETION: Mandatory  
 PENALTY: Failure to complete may result in denial of your application

### COMPLETE THE FOLLOWING INFORMATION ABOUT YOUR REQUEST. PLEASE TYPE OR PRINT IN INK.

Licensee Name		Licensee Permanent ID Number (10 digit number) <b>35-01</b>	
Complete Address of Licensee			
City	State	Zip Code	
Email Address(Optional)			
Reason for Replacement			
<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Never Received by Dealer <input type="checkbox"/> Other _____			
Signature of Licensee		Phone Number	

### YOU MUST SUBMIT A SEPARATE REQUEST AND FEE PER LICENSE.

FEE PAYMENT INFORMATION - PLEASE CHECK ONE			FOR OFFICE USE ONLY - VALIDATION
<input type="checkbox"/> Dealer	Fee: \$10.00	35-01-90	
<input type="checkbox"/> Salesperson	Fee: \$10.00	35-01-90	
<input type="checkbox"/> Trainee	Fee: \$10.00	35-01-90	
Make your check or money order in U.S. Currency payable to: <b>STATE OF MICHIGAN</b>			
FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.			