



## SPEECH-LANGUAGE PATHOLOGY &amp; AUDIOLOGY &amp; HEARING AID DISPENSERS BOARD

1601 Response Road, Suite 260, Sacramento, CA 95815

P (916) 287-7915 | www.speechandhearing.ca.gov



# REQUEST FOR REPLACEMENT LICENSE

This completed form must be submitted along with a check or money order made payable to SLPAHADB. The fee is \$25.00 per document. All documents will be mailed to the address of record.

When requesting replacements due to name and/or address change, the documents being replaced must be returned with this form.

Please Note: All licensees are permitted one wall license and one pocket license. Duplicates are not provided for any reason including license verification and/or multiple locations.

**Please print or type:**

**NAME:** \_\_\_\_\_

**LICENSE TYPE:** (Check one) ☐ SP ☐ AU ☐ DAU ☐ SPA ☐ HA ☐ RPE

**LICENSE NUMBER:** \_\_\_\_\_ **CONTACT PHONE #:** \_\_\_\_\_  
(Please include area code).

**ADDRESS OF RECORD** (Public Information): \_\_\_\_\_

Would you like your address  
of record changed?

(Street)

☐ YES ☐ NO

(City, State, Zip Code)

**SELECT THE LICENSE YOU ARE REQUESTING: (\$25.00 fee per document)**

☐ Original Wall License ☐ Renewal Wall License ☐ Pocket License

**REASON FOR REQUEST:**

- ☐ Lost ☐ Stolen ☐ Original Not Received
- ☐ Address Change (Please complete the Notification of Address Change at [https://www.speechandhearing.ca.gov/forms\\_pubs/addchg.pdf](https://www.speechandhearing.ca.gov/forms_pubs/addchg.pdf))
- ☐ Name Change (Must submit Notification of Name Change at [https://www.speechandhearing.ca.gov/forms\\_pubs/namechg.pdf](https://www.speechandhearing.ca.gov/forms_pubs/namechg.pdf) and send supporting documentation)
- ☐ Name/Gender Change (Must submit the Notification of Name/Gender Change and Request for Confidentiality at [https://www.dca.ca.gov/licensees/namegender\\_form.pdf](https://www.dca.ca.gov/licensees/namegender_form.pdf) and send supporting documentation)

I certify under penalty of perjury of the laws of the State of California that I am the person who was issued the original wall and/or pocket licenses by the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board, for which I am requesting replacements. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INFORMATION COLLECTION AND ACCESS**

The Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board's Executive Officer is the person who is responsible for information maintenance. Section 2532 of the Business and Professions Code is the authority, which authorizes the maintenance of the information. All information is mandatory. Failure to provide any mandatory information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Each individual has the right to review his or her file maintained by the agency subject to the provisions of the California Public Records Act.