



**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 \_\_\_\_\_ - \_\_\_\_\_

**Virginia DMV Control Number**

➤ 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	