



STATE COMMITTEE OF EXAMINERS IN THE FITTING AND DISPENSING OF HEARING INSTRUMENTS

P.O. Box 149347 ☆ Mail Code: 1982 ☆ Austin ☆ Texas 78714-9347
Phone: (512) 834-6784 ☆ Fax: (512) 834-6677
E-mail: fdhi@dshs.state.tx.us
www.dshs.state.tx.us/fitters/

Please complete this form and send it with the fee to: (Make checks payable to the Texas Department of State Health Services)

**State Committee Of Examiners In The Fitting And Dispensing Of Hearing Instruments
Texas Department of State Health Services
P.O. Box 149347, Mail Code 2003
Austin, Texas 78714-9347**

Your Temporary Training Permit will expire on _____.

APPRENTICE PERMIT FEE: \$205.00

This form must be received with your fee by the expiration date.

1. PREFERRED MAILING ADDRESS:

Please verify the information currently on record. Make changes by crossing out the incorrect information and enter the correct information:

NAME: _____ DEGREE: _____

ADDRESS: _____ List only the highest qualifying degree.

CITY STATE ZIP: _____ PHONE: _____

2. SUPERVISOR AND EMPLOYMENT:

SUPERVISOR'S NAME: _____

PRIMARY BUSINESS NAME: _____

ADDRESS: _____

CITY STATE ZIP: _____

PHONE: _____

SECONDARY BUSINESS NAME:

ADDRESS: _____

CITY STATE ZIP: _____

3. WITHIN THE LAST 12 MONTHS, HAVE YOU PLED NOLO CONTENDERE OR BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?

___ No ___ Yes If yes, attach a copy of the charges and disposition papers.

Signature

Date