



**Board for Hearing Aid Specialists and Opticians
 Hearing Aid Specialist - CERTIFICATE OF LICENSE TERMINATION**

I hereby certify that I, _____, wish to terminate my individual license
Legal Name
 on _____ . Accordingly, I am returning license number

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Date

I, the undersigned, certify that the foregoing statement and answers are true. I have complied with all the laws of Virginia related to licensure under the provisions of Title 54.1, Chapter 15, of the *Code of Virginia* and the *Virginia Board for Hearing Aid Specialists and Opticians; Hearing Aid Specialist Regulations*.

1. Legal Name _____
Last First Middle Generation

2. Provide at least **one** of the following identification numbers* :

Social Security Number and/or

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Virginia Department of Motor Vehicles Control Number

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- Enter the same identification number as used on 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. Mailing Address (PO Box accepted) _____

City State Zip Code

4. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

5. Email Address _____

(Signature and Notarization Form next)

BOARD USE ONLY	LICENSE NUMBER	TRANSACTION DATE
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7. Signature of Licensee

Print Name _____

Signature _____

Date _____

Notarization

In the State of _____, City/County of _____, subscribed and sworn before me,

the undersigned Notary Public in and for the City/County aforesaid this _____ day of _____, _____.

My commission expires the _____, day of _____, _____.

Affix official seal here.

Signature of Notary Public