CHANGE OF ADDRESS

Send the following information, within 10 days of change, to:

Pennsylvania Department of Health
Hearing Aid Program
132 Kline Plaza, Suite A
Harrisburg, PA 17104
Phone: (717) 783-8078
Fax: (717) 772-0232

Please use this form to notify the Department of any changes in address.

CERTIFICATE NO. _____

OLD ADDRESS: ☐ **HOME** ☐ **BUSINESS** ☐ **BRANCH**

Name: _____

Street: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

NEW ADDRESS

Name: _____

Street: _____

City: _____

State: _____

Zip Code: _____

Phone: _____ Effective date: _____