DEPARTMENT OF HEALTH

Hearing Instrument Dispenser Certification

MAILING LABEL REQUEST FORM

Note: At no charge, you can create your own mailing labels and lists using the credential verifications and lookup feature accessible from the Minnesota Hearing Instrument Dispenser Certification Program web page.

Request Information

Processing time for these requests is 2-4 weeks.

To request MDH to create the mailing labels or lists for you, please follow the directions below:

- Complete this form in ink and forward to the below address with payment
- Make your check or money order payable to: **Treasurer, State of Minnesota.**
- Please do not send cash. We cannot accept credit cards at this time.
- Payments are **nonrefundable**.

Check the Type of Product:

- ☐ List-alphabetical listing of certified persons $15.00
- ☐ Labels $25.00
- ☐ Diskette $20.00
- ☐ CD $20.00
- ☐ E-Mail $20.00

Check one:

☐ Order by City ☐ Order by Last Name ☐ Order by Zip Code

Name of Requestor

Mailing Address City State ZIP

Daytime Phone Email Address

Signature Date

Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-0882
651-201-3731
health.hid@state.mn.us
www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-3731. Printed on recycled paper.