

State of Utah  
Department of Commerce  
Division of Occupational and Professional Licensing

**Request for Authorization to Test: ILE**

**APPLICANT INFORMATION**

Full Legal Name\*: \_\_\_\_\_  
First Middle Last

All Previous Legal Names: \_\_\_\_\_

Other DOPL Licenses Held: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Address: \_\_\_\_\_  
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Note: All Division notices and communication will be sent to this email.*

**Please Select ONE:**

- ☐ I am a United States citizen OR a non-citizen of the United States who is lawfully present.  
☐ I am a foreign national not physically present in the United States.  
☐ None of the above, please explain: \_\_\_\_\_

**Driver License  
or State ID Card**

State of Issue License Number Expiration Date

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

**AFFIDAVIT**

I understand that this application is for authorization to take the **International Licensing Exam (ILE) for Hearing Instrument Professionals**, and does not imply eligibility for licensure or grant authority to practice in the regulated field. I also understand that I must submit a completed application for licensure to the Division of Occupational and Professional Licensing to become a Hearing Instrument Specialist after meeting the licensing requirements.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**\*Note:** The name you entered as your "Full Legal Name" above must match both your official identification and the name you are registered under for the exam. If your application, ID, or registration are different, **you will be denied** entry to the exam.

**To begin the registration process, please email this form to:**  
[doplnewapplication@utah.gov](mailto:doplnewapplication@utah.gov).