

State of Ohio



John R. Kasich
Governor

APPLICATION

DUPLICATE INDIVIDUAL

CIRCLE ONE:

LICENSE - OR - TRAINEE PERMIT

Sections 4747.01 to 4747.15, inclusive, and 4747.99 Ohio Revised Code

For Board Use Only

Amount \$ _____ Check MO # _____ Split _____

Duplicates _____ Receipt # _____ Date Rec'd _____ Date Mailed _____ H B

PRINT in ink.

APPLICANT FULL NAME	LICENSE NUMBER <u>OR</u> TRAINEE PERMIT NUMBER	DATE OF APPLICATION
HOME ADDRESS	CITY/STATE/ZIP	HOME PHONE
HOME/PERSONAL EMAIL	DATE OF BIRTH	CELL PHONE
List all locations where you work as a Hearing Aid Dealer and Fitter or Trainee. Additional locations should be listed on a separate sheet of paper.	Trainee's Supervisor's Name (if applicable)	Supervisor's License No.
EMPLOYER/BUSINESS NAME AND ADDRESS	CITY/STATE/ZIP	This Location's PHONE
EMAIL for THIS Business Location		
ADDITIONAL BUSINESS LOCATION NAME & ADDRESS	CITY/STATE/ZIP	THIS Location's PHONE
EMAIL for THIS Business Location		

PERSONAL DATA UPDATE

Any false statement in this application is sufficient grounds for denial or revocation of license or trainee permit. Ohio Revised Code 4747.12, 4747.14

Do you presently hold a trainee permit and/or license to fit and dispense hearing aids in state(s) other than Ohio, another country, province or U.S. Territory?
 Yes No If yes, permit/license number(s) _____
 Location/Licensing Entity _____

Have you been convicted of a felony or a misdemeanor other than a minor traffic offense since applying for your permit or license?
 Yes No If yes, list dates, offense(s) and court(s). Attach a detailed, written explanation AND a certified copy of Court Record of Verdict and Sentencing.

Number of Duplicates Requested: _____ X \$16.00 each = total fees enclosed \$ _____
 Enclose a check or money order, payable to "Treasurer, State of Ohio".

 Signature of Licensee OR Trainee Date

 Signature of Trainee's Supervisor Date

MAIL TO: Ohio Hearing Aid Dealers and Fitters Licensing Board, PO Box 15278, Columbus OH 43215-0278
 For further information or assistance: 614-466-5215 FAX 614-564-2484 hearing@odh.ohio.gov