



John R. Kasich
Governor

APPLICATION To Take OLR WRITTEN EXAMINATION

PRINT in ink:

Last Name	First Name	Middle Initial
Home Address	City/State	Zip
EMAIL	HOME/CELL PHONE	Trainee Permit No.
		Trainee Permit Expiration Date
Employer – Business Name/Address	City/State	Zip
Business EMAIL	Business PHONE	Trainee Supervisor's License Number (if applicable)
Trainee's Supervisor Name (if applicable)	Supervisor's EMAIL (if applicable)	Trainee Supervisor's Direct Phone (if applicable)

I hereby make application to **take** the Ohio Hearing Aid Dealers and Fitters Licensing Board's Laws & Rules Written Examination pursuant to Sections 4747.04, 4747.05, 4747.08 and 4747.10 of the Ohio Revised Code and Section 4747-1-09 of the Ohio Administrative Code. I understand the exam must be taken in its entirety and only on a regularly-scheduled exam date.

Requested Date of Exam	SIGNATURE
------------------------	-----------

Board Use Only

Date Rec'd _____

APP-IND-LIC Rec'd _____

Confirmation

Emailed to

H B Date _____

U.S. Post

Mailed to

H B Date _____

NO REV CODE

This completed *Application for Written Examination* **plus the APPLICATION FOR LICENSE and fee of \$262.00** -- must be received by the Board thirty (30) days prior to the requested exam date. *Original signatures ONLY.*

If you are mailing THIS FORM ONLY, mail to:
Ohio Hearing Aid Dealers and Fitters Licensing Board
246 North High Street, Columbus OH 43215

If you are mailing this form AND your APPLICATION FOR INDIVIDUAL LICENSE in one envelope, mail to:
Ohio Hearing Aid Dealers and Fitters Licensing Board
PO Box 15278, Columbus OH 43215-0278

If you must change your scheduled test date or have any questions, please contact the Board office immediately:
614-466-5215 hearing@odh.ohio.gov FAX: 614-564-2484