



John R. Kasich
Governor

APPLICATION New Supervisor/**TRAINEE PERMIT**

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

TO: Ohio Hearing Aid Dealers and Fitters Licensing Board: I hereby make application to transfer supervision of my current trainee permit to a new Hearing Aid Dealer/Fitter licensee, pursuant to Sections 4747.10, 4747.11, and 4747.14 of the Ohio Revised Code. PRINT in ink.

LAST NAME of Trainee	FIRST NAME	M.Initial	DATE OF APPLICATION
HOME ADDRESS/CITY/STATE/ZIP	PHONE	PERMIT NUMBER	
		EXPIRATION DATE	
EMAIL	DATE OF BIRTH	Circle One: 1 st 2 nd First or second year of permit?	
PAST SUPERVISOR'S NAME	PAST SUPERVISOR'S LICENSE NUMBER	LAST DAY OF SUPERVISION	
<i>List all BUSINESSES/locations where you will now work as a Hearing Aid Dealer/Fitter Trainee under the new Supervisor. Additional locations should be listed on a separate sheet of paper and attached.</i>			
BUSINESS NAME/ADDRESS/CITY/STATE/ZIP	PHONE	Business License Number	
BUSINESS EMAIL			
ADDITIONAL LOCATION	PHONE	Business License Number (if different from above)	
BUSINESS EMAIL			

- Yes No Have you and/or your new supervisor been convicted of a felony and/or misdemeanor since your most recent applications to this Board?
- Yes No Are there any criminal charges, other than minor traffic violations, pending against you and/or your new supervisor?
- Yes No Have you and/or your new supervisor had an application for **any** individual or business Permit and/or License suspended, revoked, denied, or otherwise sanctioned either in Ohio or elsewhere since your most recent applications to this Board?
- Yes No Have you and/or your supervisor acquired a contagious or infectious disease since the date of your most recent applications to this Board?

****IF you answered "YES" to any question, fully explain each in writing on a separate sheet of paper and attach. ALSO attach a copy of any licensing denial, suspension or revocation notice(s), and/or a certified copy of the court record showing felony/misdemeanor verdicts and sentencing.***

OVER – Important additional information and affidavit on reverse side must be completed.

AFFIDAVIT

STATE OF _____, COUNTY OF _____,

_____, BEING FIRST DULY SWORN, STATES THAT THE

Print Notary's Name

UNDERSIGNED ARE THE APPLICANT'S SUPERVISOR AND THE APPLICANT, AND THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.

Trainee's NEW Supervisor Information (Print in ink.)	
I, _____ (PRINT NAME of Trainee's SUPERVISOR) assume full responsibility for all activities of this applicant which are subject to regulation by Section 4747 of the Ohio Revised Code, its associated regulation and all rulings of the Hearing Aid Dealers and Fitters Licensing Board.	Individual License Number
Business Name/Address/City/State/Zip as registered with the Ohio Secretary of State	Business FEIN
Email	Phone
Licensee/Supervisor's SIGNATURE	Ohio Secretary of State Entity/Registration Number
DATE	

I, the Applicant, hereby certify that, to the best of my knowledge, information and belief, there are no misrepresentations or falsifications in the statements and answers I have given on this application.

PRINT TRAINEE'S NAME	SIGNATURE OF TRAINEE	DATE
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SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS

_____ DAY OF _____, 20_____

OFFICIAL SEAL OF NOTARY

SIGNATURE OF NOTARY _____

EXPIRATION OF COMMISSION _____

No. of Trainee Permits needed _____ X \$16.00 per certificate = \$_____ Total
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<p>CHECKLIST BEFORE MAILING:</p> <ul style="list-style-type: none"><input type="checkbox"/> Application is complete – signed by applicant AND supervisor PLUS notarized? (Only originals accepted.)<input type="checkbox"/> "YES" answers are fully explained in writing and attached?<input type="checkbox"/> Copy of licensing and/or permit notices of suspension, revocation, denial and/or other sanction(s) attached?<input type="checkbox"/> Certified copy(s) of felony/misdemeanor court record(s) of verdict(s) and sentencing(s) attached?<input type="checkbox"/> Check or money order made out to "Treasurer – State of Ohio" for correct amount enclosed? <p>MAIL TO: Ohio Hearing Aid Dealers and Fitters Licensing Board, PO Box 15278, Columbus OH 43215-0278</p> <p style="text-align: center;">For further information or assistance, please contact: 614-466-5215 FAX 614-564-2484 hearing@odh.ohio.gov</p>
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