



John R. Kasich
Governor

APPLICATION
INDIVIDUAL LICENSE

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

<u>For Board Use Only</u>	Rev Code 1250
Amount \$ _____ Check MO # _____ Split _____ Duplicates _____	
ILE confirmed _____ Study packet/411 mailed _____ Other license(s) verified _____	
ILE pass date _____ Practical Pass _____ OLR Pass _____ LICENSE NO. _____ Mailed _____ H B	

PRINT in ink.

APPLICANT FULL NAME	SOCIAL SECURITY NUMBER	DATE OF APPLICATION
HOME ADDRESS	CITY/STATE/ZIP	HOME PHONE
EMAIL – HOME/PERSONAL	DATE OF BIRTH	CELL PHONE
List where you INTEND to maintain an office/be employed in the practice of dealing in and/or fitting of hearing aids in Ohio.	Attach an additional sheet, if necessary, to list ALL of YOUR work locations.	
BUSINESS NAME – PRIMARY LOCATION ADDRESS	CITY/STATE/ZIP	BUSINESS PHONE
EMAIL – THIS Business Location	Circle one: Owner Employee *Sub-contractor	
ADDITIONAL LOCATION BUSINESS NAME (if different)/ADDRESS	CITY/STATE/ZIP	BUSINESS PHONE
EMAIL – THIS Business Location	Circle one: Owner Employee *Sub-contractor	

***If you plan to sub-contract, you may need a business license in addition to your individual license.**
See: Ohio Revised Code 4747.02, Ohio Administrative Code 4747-1-03

Personal DATA

Did you graduate from high school? Yes No Name, city and state of school: _____

If no, have you passed an equivalency program or test? Yes No If yes, date and state: _____

Circle last grade of school or year of college completed (12 = high school diploma): Year, Name, City, and State of school last attended _____

School 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Post graduate 1 2 3 4+ _____

*Have you ever been convicted of a felony or a misdemeanor other than a minor traffic offense?
 Yes No If yes, list offense(s) and court(s), -- e.g. Felony, Franklin County, Ohio and **ATTACH a certified copy of the court verdict and sentencing.** _____

Have you ever held ANY trainee permit(s), Business and/or Individual license(s) from Ohio?
 Yes No If yes, NAME of License/Permit and Number _____

Do you presently hold a trainee permit or Business and/or Individual license(s) to fit/dispense hearing aids in another state(s), U.S. Territory, country or province?
 Yes No If yes, list location(s) and permit/license number(s) _____

Have you passed the *International Licensing Exam*, as executed by the *International Hearing Society*, in another state, U.S. Territory, country or province?
 Yes No If Yes, list location(s) and date(s) passed _____

*Have you been denied any training/temporary permit, Individual and/or Business license by Ohio, another state, U.S. Territory, country or province?
 Yes No If yes, list location(s) and permit/license number(s) _____

*Have you had a permit, Individual or Business license suspended, revoked, restricted, or placed on probation by Ohio, another state, U.S. Territory, country or province?
 Yes No If yes, list location(s) and permit/license number(s) _____

***If you answered "yes" to these questions, you must attach a written explanation of each situation AND a copy of the official decision document.**

OVER – ADDITIONAL IMPORTANT INFORMATION AND AFFIDAVIT MUST BE COMPLETED...

Rev Code 1250

HEA0711 APP_LIC_IND Revised 05.11.12

PRINT your employment information for at least the last five (5) years – beginning with most recent employment first.

Dates of employment	Position/Title	Name and address of employer	Phone
From			
To			
From			
To			
From			
To			

PRINT names, complete addresses, email and phone numbers of three people, other than relatives or employers, who have known you for two years or more and have knowledge of your character.

Name	Address/City/State/Zip	Phone/Email

****If you do not have a current Ohio HADFLB Trainee Permit, this application must be accompanied by a physician’s statement as to whether the applicant is “free from contagious or infectious disease”. Ohio Revised Code 4747.05 (3)**

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

AFFIDAVIT

STATE OF _____, COUNTY OF _____

_____ BEING FIRST DULY SWORN, STATES THE UNDERSIGNED IS THE

Print name of notary

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

PRINT Applicant’s NAME	SIGNATURE of Applicant	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 _____

CHECKLIST BEFORE MAILING:

- Application **complete** – signed by applicant *and* notarized? *All signatures must be originals.*
- Attach physician’s health statement, if applicable.
- Attach a written explanation of each “Yes” answer in the Personal Data section, if applicable.
- Attach Certified Copy(s) of Felony(s)/Misdemeanor(s) Court record of verdict and sentencing.
- Attach completed “Application for Written Examination”, if applicable.
- Enclose *signed* check or money order for **\$262.00**, payable to “Treasurer – State of Ohio”.

For further information or assistance, please contact **614-466-5215** **FAX 614-564-2484** hearing@odh.ohio.gov

MAIL TO: Ohio Hearing Aid Dealers and Fitters Licensing Board, PO Box 15278, Columbus OH 43215-0278