

Ohio Hearing Aid Dealers and Fitters Licensing Board

Application for License

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

This application is for: A <input type="checkbox"/> Individual license B <input type="checkbox"/> Trainee permit C <input type="checkbox"/> Duplicate license or permit D License for <input type="checkbox"/> firm, <input type="checkbox"/> partnership, <input type="checkbox"/> corporation or <input type="checkbox"/> association	Date of application
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1. If application is for an individual, fill in items 1 thru 5 below. If applicant is a firm, partnership, corporation or association, fill in items 6 thru 9.

Name – last	first	middle initial	Social Security number
Home address			Home telephone
City	State		ZIP
Business address			Business telephone
City	State		ZIP

2. List addresses where you intend to maintain an office for the practice of dealing in or fitting of hearing aids.

City	Address	ZIP
City	Address	ZIP
City	Address	ZIP
City	Address	ZIP
City	Address	ZIP
City	Address	ZIP

3. Personal data of applicant

Date of birth	Educational background (circle last grade of school or year of college completed)		
	School 1 2 3 4 5 6 7 8 9 10 11 12	College 1 2 3 4	Post graduate
Did you graduate from high school? <input type="checkbox"/> yes <input type="checkbox"/> no If no, have you passed an equivalency test or program <input type="checkbox"/> yes <input type="checkbox"/> no			
Name and address of school last attended			
Have you ever held a trainee permit or license from Ohio? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, permit or license no.			
Do you presently hold a valid license to fit and dispense hearing aids in other states or a foreign county? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, permit or license no. State or foreign country			
Have you ever been convicted of a felony or a misdemeanor other than a minor traffic offense? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what offense? What court?			

4. List employment information in hearing aid business for the fast five (5) years—start with the most recent employment

Dates of employment	Name and address of employer	Position
From		
To		
From		
To		
From		
To		
From		
To		

OVER – Important affidavit of the reverse side of this form must be completed

5. Enter the names and complete addresses of three persons, other than relatives or employees, who have known you for two years or more and have knowledge of your character.

1.
2.
3.

General health of the applicant

Attach to this application a certificate or statement from a physician stating whether or not you are free from a contagious or infectious disease.

6. Give name, address and telephone number of firm, partnership, corporation or association:

Name		Address		
City	State	ZIP	Telephone	Employer's Federal I.D. No.

7. If a partnership, firm or association, list member(s)

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8. If a corporation, list officers and their titles

Name	Title	Name	Title
Name	Title	Name	Title
Name	Title	Name	Title

Affidavit

State of Ohio
County of _____

_____ being first duly sworn, states that the undersigned is the applicant, if the applicant is an individual, or the undersigned is a duly authorized agent of the applicant, if the applicant is a firm, partnership, corporation or association and that the statements in this application are true and correct to the best of his knowledge, information and belief.

Applicant or responsible officer of the applicant	Title
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If trainee, list name, address and license number and signature of supervisor

I, _____ 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.

Signature of supervisor

Sworn to before me and subscribed in my presence this _____ day of _____, 20____

Official Seal of Notary

Signature of Notary _____

Expiration of commission _____

Any false statement contained in this application is sufficient grounds for denial or revocation of license

Before mailing this application, please be sure that:

1. Application is signed, notarized and accompanied by physician's statement or certificate.
2. Checks made payable to "Treasurer of State" is enclosed.
3. Mail to—Hearing Aid Dealers and Fitters Licensing Board
246 North High Street, Columbus, Ohio 43215

Fee Schedule:

License	\$ 262.00
Trainee Permit	\$ 150.00
Duplicate	\$ 16.00