



John R. Kasich  
Governor

## APPLICATION RENEWAL OF TRAINEE PERMIT

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

<i>For Board Use Only</i>	<i>REV CODE 1271 renew</i>	<i>1272 Duplicates</i>
Date Rec'd _____ Date Issued /Mailed _____	Permit No. _____	
Amount \$ _____ Check MO # _____	Split _____	
Duplicates _____ Verifications _____	Action(s) _____	

**TO: Hearing Aid Dealers and Fitters Licensing Board: I hereby make application to renew my past or present Ohio Hearing Aid Dealers and Fitters Trainee Permit, pursuant to Sections 4747.10 of the Ohio Revised Code.**

**PRINT in ink.**

LAST NAME	FIRST NAME	M. Initial	DATE OF APPLICATION
HOME ADDRESS	CITY/STATE/ZIP	HOME PHONE	
HOME/PERSONAL EMAIL	DATE OF BIRTH	CELL PHONE	
List all locations where you will work as a Hearing Aid Dealer/Fitter Trainee. Additional locations should be listed on a separate sheet of paper.	PERMIT NUMBER	EXPIRATION DATE	
EMPLOYER - PRIMARY BUSINESS LOCATION NAME/ADDRESS	CITY/STATE/ZIP	PHONE for THIS Location	
EMAIL for THIS Business Location			
ADDITIONAL LOCATION NAME/ADDRESS	CITY/STATE/ZIP	PHONE for THIS Location	
EMAIL for THIS Business Location			

**Personal Data Update: Since your last date of application for Trainee Permit with this Board,**

<input type="checkbox"/> Yes <input type="checkbox"/> No	*Have you been convicted of a felony or misdemeanor other than minor traffic violations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	*Are there <i>any</i> criminal charges, other than minor traffic violations, <i>pending</i> against you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	*Have you had <i>any</i> license or permit <i>revoked, denied, suspended or otherwise sanctioned</i> in Ohio or elsewhere?
<input type="checkbox"/> Yes <input type="checkbox"/> No	*Do you have a currently active license or permit to sell/fit hearing aids from any state, province or country? If yes, list where and license number(s) _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	*Have you acquired a contagious or infectious disease since the date of your last application for a Trainee Permit?

**\*IF you answered "YES" to any of the above questions, explain fully in writing on a separate sheet of paper. ATTACH a CERTIFIED copy of COURT RECORD(S) showing verdict & sentencing.**

**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.

<b>SUPERVISOR Information (Print in ink.)</b>	
I _____ assume full responsibility for all activities <b>(PRINT NAME of Trainee's SUPERVISOR)</b> of this applicant which are subject to regulation by Section 4747 of the Ohio Revised Code, its associated regulations and all rulings of the Hearing Aid Dealers and Fitters Licensing Board.	License Number
Business/Address/City/State/Zip	
Email	Phone
<b>Supervisor's Signature</b>	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.

<b>PRINT Trainee's NAME</b>	<b>SIGNATURE of Trainee</b>	<b>DATE</b>
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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 \_\_\_\_\_

<b>CHECKLIST BEFORE MAILING:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Application is <b>complete</b> – signed by applicant <i>AND</i> supervisor <i>PLUS</i> notarized? <u>Only original signatures can be accepted.</u></li><li><input type="checkbox"/> "YES" answers under "Personal Data Update" are fully explained in writing <b>and</b> attached?</li><li><input type="checkbox"/> <b>Certified</b> copy(s) of court record of verdicts/sentencing for felony(s)/misdemeanor(s) enclosed?</li><li><input type="checkbox"/> Signed check or money order for <b>\$105.00, plus \$16.00 per duplicate</b>, payable to "Treasurer – State of Ohio" enclosed?</li></ul>
<b>MAIL TO:</b> Ohio Hearing Aid Dealers and Fitters Licensing Board, PO Box 15278, Columbus OH 43215-0278 <b>For further information or assistance, please contact:</b> 614-466-5215    FAX 614-564-2484 <a href="mailto:hearing@odh.ohio.gov">hearing@odh.ohio.gov</a>

**FEES**

	<b>RENEWAL FEE</b>	\$105.00	<i>Rev Code 1271</i>
No. of Duplicates _____ X \$16.00 each			<i>Rev Code 1272</i>
<b>TOTAL FEES</b>			