

State of Alabama Hearing Instrument Dealers Board

400 S Union Street Suite 235B

Montgomery AL 36104

(334) 593-3777

Application for Hearing Aid Specialist License

Date: ____/____/____

Name: Last _____ First _____ MI _____

SS# ____ - ____ - ____ DOB ____/____/____ Gender ____ Business Phone _____ Home Phone _____

Business: _____

Business Address: Street/Box _____ City _____ State _____ Zip _____

Home Address: Street/Box _____ City _____ State _____ Zip _____

Email Address: _____

_____ \$250 Initial Application Fee

_____ \$200 Hearing Aid Specialist Fee - must also submit:

Proof of High School Graduation or GED

Work History & Education Form

Verification of Licensure Form - if currently/previously licensed in another state

_____ \$25 Duplicate Certificate Fee - must also submit:

Duplicate Certificate Request Form (if needed)

Check or Money Order must accompany this form and be made payable to Alabama Hearing Instrument Dealers Board. All applicable forms must be filled out completely, accurately, and legibly or they will be returned which may delay the application process. Signatures where required must be original, computer generated signatures are not permitted. **Do not** staple checks to forms.

Are you a U.S. citizen or legally present in the United States? Yes No

If you answered Yes: Provide a legible copy of documentation from attached List A or other document that demonstrates U. S. citizenship or nationality Document Provided _____

If you answered No: Provide a legible copy of documentation from attached List B or other document that demonstrates lawful presence in the United States Document Provided _____

Do you have a contagious or infectious disease? Yes No

If you answered Yes, provide explanation and documentation

Have you been convicted of a felony? Yes No

If you answered Yes, provide explanation and documentation

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Have you ever had a license revoked or suspended? Yes No
If you answered Yes, provide explanation and documentation

Have you ever been licensed to dispense or sell hearing aids in any other state? Yes No
(If Yes, verification form must be completed by state(s) you held/hold a license)

List state(s) including Alabama that you have held or currently hold a license _____

The information which I have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application and my failing to be granted a license, a limited license, or the revocation of my license.

Applicants Signature: _____ Supervising Dispenser Signature: _____

State of Alabama County of _____

Sworn to and subscribed before me on the _____ day of _____, _____, by

(SEAL) Notary Public _____

Commission Expires _____

Remit To: Hearing Instrument Dealers Board, 400 S. Union Street, Suite 235B, Montgomery, AL 36104
Attention: Marilyn Fletcher

Do Not Write In This Space For Office Use Only	License Fees \$ _____	Check # _____
	Date Received _____	License # _____