

State of Alabama Hearing Instrument Dealers Board
400 S Union Street Suite 235B
Montgomery AL 36104
(334) 593-3777

Business Compliance Statement
(Statement of Compliance Packet/Page 1)

Print Legibly / Use Black Ink Only)

Date: ____/____/____

Please complete and return both pages of the statement of compliance packet. Business statement of compliance AND compliance employee list MUST be submitted to the Hearing Instrument Dealers Board by January 31st each year. Compliance employee list should be in direct correlation to all duplicate license requests.

I HEREBY CERTIFY THAT THIS IS A COMPREHENSIVE LIST OF EMPLOYEES DIRECTLY OR INDIRECTLY EMPLOYED BY:

Business Name: _____

WITH A PERMANENT STREET ADDRESS OF:

Street (No P.O.Box) _____

City _____ State _____ Zip _____

ARE TO THE BEST OF MY KNOWLEDGE IN COMPLIANCE WITH AND AGREE TO ABIDE BY ALL PROVISIONS OF THE LAWS, REGULATIONS AND RULES OF THE STATE OF ALABAMA GOVERNING THE SALE, FITTING AND DISPENSING OF HEARING AIDS THEREIN.

Name of CEO Or Agent (Printed): _____

Signature of CEO Or Agent: _____

State of Alabama County of _____

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

(SEAL)

Notary Public _____

Commission Expires _____

**Business Compliance Statement
Employee List**
(Statement of Compliance Packet/Page 2)

| EMPLOYEE NAME | LICENSE # | ADDRESS | TIME% |
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Remit To: Hearing Instrument Dealers Board, 400 S. Union Street, Suite 235B, Montgomery, AL 36104
Attention: Marilyn Fletcher