

Michigan Department of Licensing and Regulatory Affairs
Bureau of Commercial Services
Licensing Division
HEARING AID DEALERS
P.O. Box 30018, Lansing, MI 48909
517-241-1306
www.michigan.gov/hearingaiddealers

FOR OFFICE USE ONLY	
Approved By:	
Date Approved:	
License No.:	35-01-

HEARING AID LICENSE APPLICATION

AUTHORITY: P.A. 299 of 1980, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

LICENSE FEES

Dealer License - \$100.00	Trainee License - \$50.00
Salesperson License - \$70.00	\$10.00 OF FEE ABOVE IS NON-REFUNDABLE
\$20.00 OF EACH FEE ABOVE IS NON-REFUNDABLE	

Applicant's Name (Last, First, Middle)			Social Security Number	Date of Birth
Address (Number and Street)			City	
State	Zip Code	Daytime Telephone Number ()	Have you ever used another name? If yes, list here.	
Name of Business			Dealer's License Number 35-01-	
Business Address (Number, Street, City, State, Zip Code)				
Have you ever held a Hearing Aid Dealer, Salesperson, or Trainee license? If yes, please provide your license number. <input type="checkbox"/> Yes - License # _____ <input type="checkbox"/> No				
Have you ever been licensed as a hearing aid dealer, salesperson, or trainee in any other state? If yes, please have the state in which you are licensed submit documentation regarding your license information and qualifications for licensure including examination requirements. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a felony? <input type="checkbox"/> Yes - Download the form BCS/LCE-020 "Request for Conviction History of Applicant". The form can be downloaded and completed to accompany this application. See www.michigan.gov/hearingaiddealers and select Forms & Publications. The form must be included to avoid delays in processing your application. <input type="checkbox"/> No				
Have you ever had disciplinary action taken against any license, registration, certificate or permit you now hold or have ever held? (Includes but is not limited to final orders, suspension, revocation, denial, cease and desist order, etc.) <input type="checkbox"/> Yes - Download the form BCS/LCE-021 "Request for Disciplinary Action Information". The form can be downloaded and completed to accompany this application. See www.michigan.gov/hearingaiddealers and select Forms & Publications. The form must be included to avoid delays in processing your application. <input type="checkbox"/> No				

PAYMENT INFORMATION (Check Appropriate Box)			FOR OFFICE USE ONLY - VALIDATION	
<input type="checkbox"/> Dealer	Fee: \$100.00	(3501-01=\$20.00) (3501-07=\$80.00)		
<input type="checkbox"/> Salesperson	Fee: \$70.00	(3501-03=\$20.00) (3501-07=\$50.00)		
<input type="checkbox"/> Trainee	Fee: \$50.00	(3501-05=\$10.00) (3501-07=\$40.00)		
Make your check or money order in U.S. Currency payable to: STATE OF MICHIGAN				
FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.				

EDUCATION - Please provide a copy of diploma or GED document (Failure to attach will delay processing.)

Name and Location of High School:

Date Graduated:

Did you receive a GED?

No

Yes - Please provide date:

Do you have a Master's Degree in Audiology?

No

Yes - Please attach a copy of your certificate of clinical competency and transcript of MA degree.

CERTIFICATION AND SIGNATURES
All applicants must complete this section

I hereby certify that the statements made in this application are true and correct. I have not withheld information that might affect the decisions to be made on this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action on my license or may be punishable by law. I hereby authorize the Michigan Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me in this application, including checking criminal, civil, and administrative records.

Signature of Applicant

Date

Signature of Employing Dealer (Salesperson Applicant Only)

Date

Type/Print Employing Dealer's Name

NON-RESIDENT'S CONSENT TO SERVICE OF PROCESS

I hereby consent the provisions of the Michigan Hearing Aid Dealers Act, PA 299 of 1980, as amended, and the rules promulgated thereunder and agree that suits and actions may be commenced against me in proper court of law of any county in the State of Michigan in which the plaintiff may reside, by service of legal process upon the Michigan Department of Licensing and Regulatory Affairs, and that such service shall be taken and held in all courts to be as valid and binding as if due service had been made upon me.

Signature of Applicant

Date

Sworn before me, a notary public, on the date indicated above.

Signature of Notary Public

State of _____

Type or Print Commission Name

My commission expires: _____

County of _____