

STATE OF MAINE

BOARD OF HEARING AID DEALERS AND FITTERS

APPLICATION FOR A BUSINESS LICENSE



Department of Professional and Financial Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8609
HEARING IMPAIRED (207) 624-8563

Office located at: 122 Northern Avenue, Gardiner, Maine

Application Guide for Licensure as a Hearing Aid Dealer and Fitter Business

Please read all the information carefully. If you have any questions, you can contact the Board of Hearing Aid Dealers and Fitters office at (207) 624-8609.

Furnished to Applicant:

1. Licensing law for Hearing Aid Dealers and Fitters
2. Licensing rules for Hearing Aid Dealers and Fitters
3. Application Guide for Licensure as a Hearing Aid Dealer and Fitter Business
4. Application for Licensure
5. Criminal Records Check Memo
6. Criminal Records Check Form
7. Authorization of Credit Card Payment Form

To be Eligible for a Hearing Aid Dealers and Fitters Business, the following must be submitted:

A **notarized** application affirming and listing the names and addresses of all hearing aid dealers and fitters directly or indirectly employed by the entity and further certifying that the entity employs only hearing aid dealers and fitters who are duly licensed by the State;

A \$185.00 license fee (The license fee is \$93.00 after July 1st annually) and a \$25.00 application fee. Please make your check payable to: Maine State Treasurer; and

Payment of a separate \$8.00 fee for a criminal records (SBI) check. Please make your check payable to: Maine State Treasurer.

Note:

Any corporation, partnership, trust, association or other like organization engaged in the business of selling or offering for sale hearing aids at retail in the State shall apply to the board for a license to engage in that business. No business entity may so engage in the business of selling or offering for sale hearing aids without a license to do so. The board shall issue a license upon filing of a sworn statement from a person with authority from the business entity. That sworn statement shall list the names and addresses of all hearing aid dealers and fitters directly or indirectly employed by the entity and must certify that the entity employs only hearing aid dealers and fitters who are duly licensed by the State. At least one of the licensees employed by the business must have been licensed for a minimum of 2 years and have at least 3,000 hours of work experience as a hearing aid dispenser or be certified by the National Board for Certification in Hearing Instrument Studies.



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
Board Hearing Aid Dealers and Fitters
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035
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ANGUS S. KING, JR.
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

APPLICATION FOR A BUSINESS LICENSURE

The following statement is made pursuant to the Privacy Act of 1974, §7(B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for Tax Administration purposes pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1975 (42 U.S.C. §405(C)(2)(C)(I)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.

Please Read Application Guide Prior to Completing this Application.

Name of Business		
Mailing Address		
City	State	Zip Code
Federal ID Number		Business Telephone

List the names and addresses of all Hearing Aid Dealers and Fitters directly and indirectly employed with the business entity.

Name			License Number
Mailing Address	City	State	Zip Code
Name			License Number
Mailing Address	City	State	Zip Code
Name			License Number
Mailing Address	City	State	Zip Code

License for business organization. Any corporation, partnership, trust, association or other like organization engaged in the business of selling or offering for sale hearing aids at retail in the State shall apply to the board for a license to engage in that business. No business entity may so engage in the business of selling or offering for sale hearing aids without a license to do so. The board shall issue a license upon payment by the business entity a fee set by the board in an amount not to exceed \$185 and upon filing of a sworn statement from a person with authority from the business entity. That sworn statement shall list the names and addresses of all hearing aid dealers and fitters directly or indirectly employed by the entity and must certify that the entity employs only hearing aid dealers and fitters who are duly licensed by the State. At least one of the licensees employed by the business entity must have been licensed for a minimum of 2 years and have at least 3,000 hours of work experience as a hearing aid dispenser or be certified by the National Board of Certification in Hearing Instrument Sciences.

The licensed required by this chapter must be conspicuously posted in the licensee's office or place of business.

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorize all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to myself. Furthermore, I acknowledge that I fully understand the licensing requirements for a business organization pursuant to 32 MRSA §1658-A(2).

Signature of Licensee Responsible for Business

Date



ANGUS S. KING, JR.
GOVERNOR

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DIRECTOR

Department of Public Safety
State Bureau of Identification
42 State House Station
Augusta, ME 04333-0042

Pursuant to 25 M.R.S.A. §1541, sub-§6, The State Bureau of Identifications may charge a fee for all criminal history record check for the following individual. Enclosed is the required \$8.00 fee.

APPLICANT INFORMATION

Name: _____		
Last	First	Middle
Address: _____		
Social Security/Federal I.D. #: _____		Date of Birth: _____
Any other names used: _____		

Please return the criminal history record information or a notice of no record to the following:

REQUESTING AGENCY INFORMATION

(Office Use Only)

Date: _____	Contact Person: TORREY GRAY
Agency Name & Address:	Office of Licensing and Registration Board of Hearing Aid Dealers and Fitters 35 State House Station Augusta, Maine 04333-0035



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OFFICE PHONE: (207)624-8609

FAX: (207)624-8637

(207)624-8653 (HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER,
MAINE



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____ **Card number**

Expiration date: ____/____/____ **in the amount of: \$** _____

Signature: _____ **Date:** ____/____/____

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