



## BRANCH OFFICE APPLICATION

### Hearing Aid Dispensing

**\$25.00**

**IMPORTANT INFORMATION:** Each branch location must be licensed and requires a separate application for each location. If the branch location changes address, you must apply for a new branch office license. Applicants *may not* fit and sell hearing aids at a branch location before receiving a license for that location. The annual renewal fee is \$25.00 for each branch location and it will expire on the same as your hearing aid dispenser license, regardless of issue date.

#### PART A – Applicant Information

1. FULL LEGAL NAME: LAST	FIRST	MIDDLE	2. LICENSE NO.
3. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):			
4. STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
5. RESIDENCE TELEPHONE:			
6. SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAX IDENTIFICATION NUMBER (ITIN):			
7. DATE OF BIRTH: (MM/DD/YYYY)			
8. EMAIL ADDRESS:			

#### PART B – Location Branch Office

9. BUSINESS NAME
10. STREET ADDRESS:
11. CITY, STATE, ZIP CODE:
12. TELEPHONE:

#### Main Office

13. BUSINESS NAME
14. STREET ADDRESS:
CITY, STATE, ZIP CODE:

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect and that misstatements or omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license.

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_