

Hearing Aid Dealers

Board of Speech-Language Pathology and Audiology, 99 Edmiston Way , Ste. 214, Box 11 Buckhannon WV 26201 Office -: 304-473-4289 Email: wvbeslpa@wv.gov

Application for Company License

			Trust	
Company Name:				
Dba (Doing Business A	As):			
Address:				City:
	State:		Zip:	
Phone:	Email:			
If your company is a co	orporation, please pro	ovide the followin	g information.	
State of Incorporation:		_ Date of Incor	poration:	
President:		Home Address	s:	
Vice President:		Home Address	s:	
Secretary:		Home Address	S:	_
If a Partnership:				
List names and home	addresses of all parti	ners (use anothe	r sheet if necessary)	
Name:	Ho	ome Address:		
Name:	Но	ome Address:		
Name:	Но	ome Address:		
Any remarks or explan	ations:			
Signature of responsib	le officer		Date	
PAYN	MENT IN FULL MUS	T ACCOMPANY	ALL LICENSES AND PERMI	TS:
MAKE CHECKS PAYA	ABLE TO: WV Bo	ard of Speech-l	Langauge Pathology & Au	diology