

State of West Virginia

Hearing Aid Dealer

Board of Speech-Language Pathology and Audiology, Suite 214, Buckhannon, WV 26201

Office: 304-473-4289 Email: wvbeslpa@wv.gov

Application for Trainee's permit or Dispenser's License

Trainee's permit: _____ Dispenser's License: _____

Please type or print all answers.

Last Name: _____ First Name: _____

Middle: _____ Social Security # _____

Residence address: _____ City: _____ State: _____

Telephone Number: _____ Email Address: _____

Employer Name & Address: _____, City: _____ State: _____ Zip code _____

Place of your birth: _____ Date of Birth: _____

Circle years completed: High School 1, 2, 3, 4 College 1, 2, 3, 4, 5, 6, 7, 8

Degrees attained: _____

List your full-time employment for the past 5 years:

Dates	Employer	Position
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1. Have you ever been convicted of a felony? _____ if yes, attach an explanation.

2. Do you presently hold a valid license to dispense hearing aids in another state? _____

3. Name of State _____

4. Have you ever been refused a license or had a license suspended or revoked in another state? _____

If yes, attach a full explanation.

5. Do you operate all or part of a business In West Virginia?

If the answer Is "Yes" please enter your FEIN or WV Business ID Number _____

If you are applying for a trainee permit, please complete this portion:

Name of your supervisor: _____

Office address: _____

Supervisor's Signature: _____ Date: _____

Your Signature: _____ Date: _____

Pursuant to West Virginia Code §48-15-303 - (a) Each licensing authority shall require license applicants to certify on the license application form, under penalty of false swearing, that the applicant does not have a child support obligation, the applicant does have such an obligation but any arrearage amount does not equal or exceed the amount of child support payable for six months, or the applicant is not the subject of a child-support related subpoena or warrant. The application form shall state that making a false statement may subject the license holder to disciplinary action including, but not limited to, immediate revocation or suspension of the license.

(b) A license shall not be granted to any person who applies for a license if there is an arrearage equal to or exceeding the amount of child support payable for six months or if it is determined that the applicant has failed to comply with a warrant or subpoena in a paternity or child support proceeding.

I certify, under penalty of false swearing that:

	<u>YES</u>	<u>NO</u>
1. I have a court ordered child support obligation.....	<input type="checkbox"/>	<input type="checkbox"/>
2. I have a court ordered child support obligation and any arrearage amount equals or exceeds the amount of child support payable for six months.....	<input type="checkbox"/>	<input type="checkbox"/>
3. I am the subject of a child support related subpoena or warrant.....	<input type="checkbox"/>	<input type="checkbox"/>
Applicant's Signature: _____		Date: _____

	<u>YES</u>	<u>NO</u>
1. Do you operate all or part of a business In West Virginia? If the answer Is "Yes" please enter your FEIN or WV Business ID Number _____ - _____	<input type="checkbox"/>	<input type="checkbox"/>

The Board holds the right to request additional information, so deemed necessary, from any applicant, for review. Any future correspondence with the Board shall bear the applicant's full name and last four of the social security number as it appears on the original application.

The applicant is held responsible for notifying the Board of changes in the applicant's name, address and change of employment. Such changes are to be submitted within 30 days of that change.

STATEMENT BY APPLICANT:

I HEREBY CERTIFY, UNDER PENALTY OF FALSE SWEARING, THAT I AM THE PERSON NAMED AS THE APPLICANT ON THIS APPLICATION AND THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I RECOGNIZE THAT ANY MISINFORMATION OR OMISSION OF PERTINENT MATERIAL FACTS MAY BE CAUSE FOR DENIAL OF A LICENSE OR FOR SUSPENSION OR REVOCATION OF THIS LICENSE.

DATE _____
SIGNATURE OF APPLICANT