

State of West Virginia

Board of Hearing Aid Dealers

167 11th Ave, South Charleston, WV 25303 304-542-7595 wwear@aol.com

APPLICATION for a Trainee's permit or Dispenser's License

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

Please type or print all answers.

Last Name: _____ First Name: _____

Middle: _____ Last four digits of your SS # _____

Residence address: _____ City: _____ State: _____

Telephone Number: _____ Email Address: _____

Business address: _____, City: _____ State: _____

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

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

Name of State _____

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

If yes, attach a full explanation.

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: _____

PAYMENT IN FULL MUST ACCOMPANY ALL LICENSES AND PERMITS:

MAKE CHECKS PAYABLE TO: **Board of Hearing Aid Dealers**