



GEORGIA STATE BOARD OF HEARING AID DEALERS AND DISPENSERS
237 Coliseum Drive
Macon, Georgia 31217-3858
Phone (478) 207-2440

APPLICATION TO REINSTATE HEARING AID DEALERS LICENSE

www.sos.state.ga.us/plb/hearingaid

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Hearing Aid Dealers and Dispensers in the State of Georgia. Visit the Board's website for information:

*****Important*****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application.

The \$240.00 fee is non-refundable

Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.
Applications valid for (1) one year

NOTARIZED APPLICATION: The application must be mailed to the Board's office at the address listed above, along with your **NON-REFUNDABLE** application Fee. All questions must be answered. Any question answered "yes", requires a written explanation and other supporting court or other documentation to be submitted. Attach copies of official court documents and a written explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. **Reinstatement of a Dealer's license is at the sole discretion of the Board.**

COPY OF BILL OF SALE

CALIBRATION CERTIFICATE



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APPLICATION FOR REINSTATEMENT OF DEALERS LICENSE

INSTRUCTIONS

- Pursuant to Rule 276-14-.03, an **expired** license may be reinstated at the discretion of the Board after April 1st of every even numbered year following the expiration date by submission of the required application, the required fee and a late renewal penalty fee.
- A **surrendered or revoked** license may be reinstated at the discretion of the Board and may include conditions, including disciplinary action. In either case, **the Applicant must submit to the Board:**
 1. Application for Reinstatement of License
 2. Certificate of Calibration
 3. Reinstatement Fee
 4. Bill of Sale with Refund Agreement
 5. Consent Form

DEALERSHIP DATA (Please print or type)

Name: _____ License Number _____

Physical Address of Dealership:

_____ Street _____ City _____ State _____ Zip Code
(P.O. Box not acceptable – Please note that your physical address will be made public as part of your licensure verification).

Mailing Address If Different:

_____ Street _____ City _____ State _____ Zip Code

Business Phone () _____ Fax Number () _____ * E-mail _____

* Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. **YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.**

OTHER DEALERSHIPS (List any dealership(s) at any other location under the supervision of the undersigned supervising dispenser.)

DEALERSHIP NAME: _____ License #: _____

DEALERSHIP NAME: _____ License #: _____

REASON(S) WHY LICENSE NOT RENEWED ([Revoked, Surrendered, Other]:-

DISPENSER NAMES AND LICENSE NUMBERS: (Attach separate sheet if needed for additional Names/License Numbers):

Name _____ License Number _____

BUSINESS HISTORY

Company Name _____

Address _____
Street Ste # City State Zip Code

Phone Number: () _____ Dates of Business Operation: Start Date: _____ To: _____

BACKGROUND INFORMATION

- 1. Since your initial licensure or last renewal date, have you ever been arrested, convicted, sentenced, pled guilty to, pled nolo contendere to, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI & DUI's are not minor traffic violations.) () Yes () No
- 2. Have you ever had any restrictions as a Medicaid or Medicare provider? () Yes () No
- 3. Have you ever had revoked or suspended or otherwise sanctioned any license issued by any board or agency in Georgia or in any other state? () Yes () No
- 4. Have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state? () Yes () No
- 5. Have you ever held a license to dispense hearing aids in Georgia? () Yes () No
If yes, status of license: _____
- 6. To your knowledge, are you the subject of an investigation by any hospital, insurance provider or agency in Georgia or in any other state? () Yes () No (If yes, attach a notarized written explanation and have official documents sent to Board office)

If you answered yes to any of the questions above, please attach a notarized written explanation and submit official documents to the Board, and if yes to #1 submit copy of court's final disposition or other supporting documents directly to Board office.

APPLICANT SIGNATURE AND AFFIDAVIT

YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Hearing Aid Dealers & Dispensers, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 4 & 5 of this application.**
- 2) _____ I am **not** a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a Copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number (See pages 4 & 5 of this application).**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Hearing Aid Dealers & Dispensers and/or criminal prosecution.

(Signature of Applicant) _____ (Date)

Sworn to and subscribed before me this _____ day of _____ 20_____

Notary Public Signature (Notary Seal)

My Commission Expires: _____

NOTE to NOTARY: Application must be signed with Proper ID.

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS.
RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

Name (Please print clearly)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:

<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>

[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

_____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]