



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

[The Georgia Board of Hearing Aid Dealers and Dispensers](#) | [Georgia Secretary of State](#)

HEARING AID DEALERSHIP APPLICATION

(NEW DEALERSHIP, ADDITIONAL DEALERSHIP, ALSO - NAME OR ADDRESS CHANGE FORM)

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 web site for more 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 Incomplete applications are void and withdrawn after sixty (60) days pursuant to administrative policy.

Application Checklist

The following checklist is an important part of your application. The NON-REFUNDABLE application fee of **\$90.00** must be included. Application fee includes a **\$10** mail in application processing fee. Please use this checklist to ensure that you submit a COMPLETE application.

NOTE: A separate application and fee is required for each of the five options, do not combine multiple new dealership requests for licensure, or name changes, etc. on one application.

- NOTARIZED APPLICATION:** The application must be mailed to the Board's office at the address listed above, along with your NON-REFUNDABLE fee. The fee of \$80 applies to whichever of the five options (i.e. name change, address change etc.) you select on page 3 of this application. All questions must be answered. Any question answered "yes" may require additional documentation to be submitted. Attach copies of official court documents and a Letter of Explanation if you have had any arrests, criminal convictions or charges, or sanctions against any professional license by another state licensing board. The approval of licensure is at the Board's discretion.
- AFFIDAVIT OF CITIZENSHIP and SECURE AND VERIFIABLE DOCUMENT (See Pg. 6)**
- AUDIOMETRIC CALIBRATION CERTIFICATE**
- COMPLETED BILL OF SALE***
- COMPLETED REFUND AGREEMENT***
- COPY OF LICENSE FOR ALL LICENSED DISPENSERS**

*NOTE: Most delays in processing this application occur from incorrect, improper, or incomplete Bills of Sale and Refund Agreement language provided by the applicant with the application. PLEASE review and understand what's required in Georgia on a Bill of Sale as stipulated in Board rule **276-3 Bill of Sale**.

The Board has prepared a list of twenty-four (24) items that **MUST** be on your Bill of Sale to assure Board acceptance of the BOS, and your compliance with Georgia Law, O.C.G.A. 43-20-13, and Board rule, 276-3. **Failure to comply will delay the processing of this application.**

Bill of Sale:

1. Dealership name (full dealership name printed)
2. Complete Dealership license number including the prefix HADE
3. Space for the Licensed Georgia Hearing Aid Dispenser's/Permit Holder's name
4. Space for the Dispenser/Permit Holder's complete license number including the correct prefix: HADS000000, HAA000000 or HAP000000
5. Street Address for dealership location
6. Office hours of dealership location
7. Space for make of Hearing Aid device dispensed
8. Space for the model of the Hearing Aid device dispensed
9. Space for the Serial Number of the Hearing Aid device dispensed
10. Description of the condition of the Hearing Aid device dispensed (i.e. new, used, reconditioned)
11. Statement of whether there is a guarantee or warranty and the terms
12. Sale price, including any discounts, trade-in allowances, and sales taxes
13. All CAPITAL LETTERS for the "All Sales Final," or "Refund" language found in the rule
14. Blue or black ink for the "All Sales Final," or "Refund" language
15. "All Sales Final," or "Refund" language is in 12-point font
16. "All Sales Final," or "Refund" language is the exact language, word for word, as noted in the Board's rule.
17. Space for signature or initials of the customer immediately after the "All Sales Final," or "Refund" language
18. Serial Number of the Audiometer used for the examination
19. Date of the most recent calibration of the Audiometer
20. Space for the name of Hearing Aid device user
21. Space for the address of Hearing Aid device user
22. Space for the name and address of purchaser of the Hearing Aid device, if different from the user
23. Space for the date of delivery of the Hearing Aid device to the user or purchaser
24. Space for the signature of the purchaser at the bottom of the document or with a statement acknowledging receipt of the Hearing Aid device and Bill of Sale

BACKGROUND INFORMATION (APPLICANT)

1. Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record. () Yes () No

If "yes," please include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident. If you answered "Yes" to the next question, print out the "Background Investigation Consent" form found on the same webpage as this application. Failure to submit this form with application may result in delayed processing of the application.

2. Have you ever had any restrictions as a Medicaid or Medicare provider? () Yes () No

3. Have you EVER had any license issued by any board or agency in Georgia or in any other state/jurisdiction that has been revoked, suspended, reprimanded, or sanctioned in any other way? This includes dealership or dispenser licenses you now hold; have held; or are principal participants in the business holding the license. () 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 an explanation and have official documents sent to Board office.

If you answered yes to ANY of the questions above, attach a notarized explanation and submit official documents to the Board. If you answered yes to question #1, you must also submit a copies of court's final disposition directly to Board office. In addition, go to the same webpage where you found this application and print the Background Investigation Consent Form and complete it, send it in with your application; Failure to do so will delay the processing of this application.

LOCATION OWNER INFORMATION

If the license is to be issued in the name of a sole proprietorship, complete the following:

Name of proprietor _____

Business Address _____

If the license is to be issued to a partnership, complete the following:

Name of all partners _____

(Partner's Names, Cont.) _____

Business Address _____

If the license is to be issued to an incorporated group, complete the following:

Date incorporated _____ Incorporated in the State of _____

Business Address _____

President _____

Vice-President _____

Secretary _____

Treasurer _____

Other:

LOCATION DISPENSERS INFORMATION

Who will be the Georgia licensed Supervising Dispenser and/or Dispenser for this new/existing location?

Name: _____ Lic# HADS _____
(Please Print Clearly)

List any other dealership(s), any other location; under the supervision of the aforementioned Georgia licensed Supervising Dispenser if applicable:

Dealership _____ License # HADE _____
Dealership _____ License # HADE _____

IMPORTANT: Application will be delayed if the following information is not completed below*

List the names and license/permit numbers of all persons who will be involved in the dispensing of hearing aids at this dealership (being applied for):

*Other Dispenser _____ License # _____

*Other Dispenser _____ License # _____

*Other Dispenser _____ License # _____

*Apprentice Permit Holder _____ License # _____

*Trainee Permit Holder _____ License # _____

Affidavit of Applicant for Dealership Licensure being applied for:

I, as the applicant for this dealership, state and affirm by my signature below that I have read and will comply with the applicable State laws and Board rules regulating the dispensing of hearing aids.

Signature Dealers License Applicant: _____

Printed Name of Dealers License Applicant: _____
(DATE)

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Signature of Notary Public

My Commission Expires _____ (Notary Seal)

**Affidavit of Georgia Licensed Supervising Dispenser and/or
Georgia Licensed Hearing Aid Dispenser**

To be employed by the dealership applied for by:

Printed name of **applicant** submitting *this* application

Date

Name of Dealership

HADE

License Number (Other than for a NEW dealership)

(Physical Location of New, or Existing, Dealership for *this* application)

Personally appeared before me, the undersigned official authorized to administer oaths, came _____ who deposes and swears that he/she is the person who executed this application for a Georgia hearing aid dealership license; that he/she, and if applicable all dispensing employees he/she will supervise, have read and will comply with the applicable State laws and Board rules regulating the dispensing of hearing aids; and that all of the statements herein contained are true to the best of his or her knowledge and belief.

Signature of Supervising Dispenser/Dispenser: _____ Date: _____

Printed Name of Supervising Dispenser/Dispenser: _____

Executed in the City of _____ **State of** _____

Subscribed and sworn to before me this _____ **day of** _____, **20** _____

Signature of Notary Public

My Commission Expires _____ (Notary Seal)

(Note to Notary: Application should be signed with proper ID)

NOTE:

This page must be signed, and the signature above notarized, by the licensed Georgia licensed *supervising* hearing aid dispenser and/or the Georgia licensed hearing aid dispenser to be employed by this new dealership being applied for, or the existing hearing aid dealership a change is being applied for, by this application.

The notary and dispenser must be in the same geographical location. The entire application will be rejected if the Georgia licensed dispenser's license address on file with the Board and the notary's stamp or seal are not within the same geographical location.

This form must be returned to the applicant submitting this dealership application to be turned in with the entire, complete application. DO NOT submit this form directly to the Board office separate from the entire, complete application.

Affidavit Regarding Citizenship

Applicant: Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.*

Print Name: _____ (HA Dealership)

APPLICANT AFFIDAVIT:

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 Board for which I am applying licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) _____ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document(s)* such as driver’s license, passport, or document as indicated on the Board’s website.**

- 2) _____ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 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.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In addition, I am affirming that I am an approved and authorized representative of the proprietorship, partnership, corporation or other entity responsible for the operations of this dealership in submission of this application for a NEW dealership license or a change to an existing dealership.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in _____ (City), _____ (State)

Signature of Applicant

Printed Name of Applicant

Subscribed and sworn to before me this _____ day of _____, 20_____

Signature of Notary Public

My Commission Expires _____ (Notary Seal/Stamp)
(Note to Notary: Application should be signed with proper ID)

*NOTE: A list of acceptable **Secure & Verifiable Documents** can be found on webpage linked to by the “Application/Forms Downloads” Button on the webpage www.sos.ga.gov/plb/hearingaid.

