

VERIFICATION OF LICENSE - HEARING AID DEALERS & FITTERS

Access this form via website at : cca.hawaii.gov/pvl

State of Hawaii
Hearing Aid Dealers & Fitters
P.O. Box 3469
Honolulu, HI 96801

TO BE COMPLETED BY APPLICANT:

APPLICANT	Name (First, Middle):	(Last):	Social Security No.:	Date of Birth:
	Address (include apt. no., city, state and zip code):		Other Names Used:	
			License Number:	Date Issued:
	I hereby authorize the licensing agency of _____ to furnish the information below to the State of Hawaii Hearing Aid Dealers & Fitters Program.			
Date: _____ Applicant Signature: _____				

TO BE COMPLETED BY LICENSING AGENCY:

LICENSING AGENCY	This is to certify that the above-named individual was issued license number _____ to practice as a Hearing Aid Dealer.	
	Date issued: _____	
	Date license/certificate expires: _____	
	License status:	Individual was licensed by:
<input type="checkbox"/> current	<input type="checkbox"/> Examination	
<input type="checkbox"/> lapsed since: _____	_____ State Constructed	
<input type="checkbox"/> inactive since: _____	_____ National	
	<input type="checkbox"/> Endorsement	
	<input type="checkbox"/> Waiver	
Has this certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please explain "YES" response and attach copy of board's order and related information.)</i>		
Do your files contain any derogatory information on this applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please explain "YES" response and attach copy of board's order and related information.)</i>		
Signature: _____		
Print Name: _____		
Title: _____		
State: _____		
Date: _____		
BOARD SEAL		
TO THE APPLICANT: Attach original with board's seal to your application form, or the licensing agency may send directly to the Department.		

THIS FORM MAY BE DUPLICATED