

Required Additional Documents:

All Applicants

- If requesting a fee waiver as an individual who served in the armed forces, you must submit a DD214, DD215, or any other form acceptable to the Department that demonstrates you were separated from service with an honorable character of service or under honorable conditions (general) character of service.
- If applying for reinstatement, submit this application along with the required supporting documentation and appropriate fees to the address provided above. Supporting documentation includes a petition to the department stating reasons for reinstatement and including evidence that the applicant can and is likely to serve the public in the regulated activity with competence and in conformance with all other requirements prescribed by law, rule, or an order of the department or board.

If approved for reinstatement, the applicant must apply for relicensure and meet the current requirements for licensure or registration as established by the department procedures in order to obtain a license or registration.

Hearing Aid Dealer

- You will be required to take the Hearing Aid Dealer/Salesperson State Licensing Examination or provide proof you have successfully passed an examination given by the official hearing aid examining board in another state, if the examination and passing requirements at the time taken, were substantially equal to those required by the department.
- If you have successfully passed an examination administered by the official hearing aid examining board in another state, a request to determine equivalency must be submitted in writing to this department. Please include official certification provided by the examining board which includes all examination results and examination topics covered. Verification does not waive Michigan's requirement to successfully complete the dealer license examination.

Hearing Aid Salesperson

- You will be required to take the Hearing Aid Dealer/Salesperson State Licensing Examination.

Certification

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434a.

Signature

Date

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

LARA/BPL-HADAPPL (Rev. 09/19)