



Bureau of Professional Licensing
 PO Box 30670 • Lansing, MI 48909
 Telephone: (517) 241-9288
www.michigan.gov/bpl
BPLHelp@michigan.gov

APPLICATION FOR HEARING AID DEALER, SALESPERSON OR TRAINEE LICENSE, RELICENSURE OR REINSTATEMENT

Authority: 1980 PA 299, MCL 338.3434a, and 42 USC 654

Name (First, Middle, Last)		Date of Birth	U.S. Social Security Number		
Address		City	State	Zip Code	
Michigan Business Address		City	State	Zip Code	
Telephone Number		E-mail Address			
Dealer Name			Dealer's Permanent ID #		
Dealer Address		City	State	Zip Code	
CHECK THE LICENSE/REGISTRATION TYPE			FOR OFFICE USE ONLY		
Veteran (Check License Type Below - see required additional documents) Trainee Fee Waived Salesperson Fee Waived Dealer Fee Waived Trainee \$ 50.00 3501-05 Trainee Reapplication \$ 70.00 3501-06 If applying between 8/3 of an EVEN year through 8/2 of an ODD year Dealer \$100.00 3501-01 Dealer Relicensure \$120.00 3501-06 Salesperson \$ 70.00 3501-03 Salesperson Relicensure \$ 90.00 3501-06 If applying between 8/3 of an ODD year through 8/2 of an EVEN year Dealer \$180.00 3501-01 Dealer Relicensure \$200.00 3501-06 Salesperson \$120.00 3501-03 Salesperson Relicensure \$140.00 3501-06 If applying for a reinstatement (if license is currently revoked) Dealer \$ 20.00 3501-50 Salesperson \$ 20.00 3501-50			License Number		Issue Date
Make your check or money order in U.S. Currency payable to: <div style="text-align: center;">STATE OF MICHIGAN</div>					
FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152 AND ARE NOT REFUNDABLE.					

LARA/BPL-HADAPPL (Rev. 12/16)

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.

DEALER & SALESPERSON APPLICANTS ONLY

If you answer "yes" to this question, you must complete and submit the Request for Conviction History form AND submit documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license. Documentation may include a certificate of employability, if applicable.

Since you have been licensed, have you ever been convicted of a felony not previously reported to the Department for this license type or occupation?

Yes No

Do you have any unsatisfied penalties and conditions imposed by disciplinary action in this state or any other jurisdiction? (relicensure only)

Yes No

Are you a graduate of an accredited high school or secondary school?

Yes No

Have you served as a licensed hearing aid salesperson for a period of 2 years under the direction and supervision of a licensed hearing aid dealer? (dealer applicants only)

Yes No N/A

Have you served 6 months as a trainee? (salesperson applicants only)

Yes No N/A

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 and the appropriate board 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 in rules or 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. Note: In place of the written examination, the department may accept successful completion of the basic home study course conducted by the National Hearing Aid Society.

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