



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

TRANSFER APPLICATION HEARING AID DEALERS TRAINEE/SALESPERSON

Authority: 1980 PA 299

Name of Licensee Wishing to Transfer			License Number							
Address	City	State	Zip Code							
Telephone Number	E-mail Address									
Name of New Licensed Dealer			New Licensed Dealer's License Number							
<p>Certification</p> <p>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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">Signature</div> <div style="width: 35%; border-top: 1px solid black; text-align: center;">Date</div> </div>										
CHECK THE LICENSE/REGISTRATION TYPE			FOR OFFICE USE ONLY							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center; padding: 5px;">Hearing Aid Salesperson</td> <td style="width: 20%; text-align: center; padding: 5px;">\$10.00</td> <td style="width: 10%; text-align: center; padding: 5px;">3501-33</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Hearing Aid Trainee</td> <td style="text-align: center; padding: 5px;">\$10.00</td> <td style="text-align: center; padding: 5px;">3501-33</td> </tr> </table>			Hearing Aid Salesperson	\$10.00	3501-33	Hearing Aid Trainee	\$10.00	3501-33	License Number	Issue Date
			Hearing Aid Salesperson	\$10.00	3501-33					
Hearing Aid Trainee	\$10.00	3501-33								
<p>Make your check or money order in U.S. Currency payable to:</p> <p style="text-align: center; font-weight: bold;">STATE OF MICHIGAN</p>										
<p>FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152 AND ARE NOT REFUNDABLE.</p>										

LARA/BPL-HADXFR (Rev. 07/16)
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