



Bureau of Professional Licensing
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**HEARING AID DEALER TRAINEE
 LICENSE, RELICENSURE OR TRANSFER APPLICATION
 (This Form Should NOT Be Used For License Renewal)**

Authority: 1980 PA 299, MCL 338.3434a

Legal Name of Trainee (First, Middle, Last)		Date of Birth	U.S. Social Security Number	
Address		City	State	Zip Code
Permanent I.D. Number (if applicable)	Telephone Number		E-mail Address	
Employing Dealer Name (Supervising Dealer)			Dealer's Permanent I.D. Number	

Required Additional Documents

- 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.

Trainee Certification

I certify that the statements in this document are true and complete. I certify that I will be in the employment of and under the direct supervision of the name licensed Hearing Aid Dealer. 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.

Trainee Signature

Date

Supervising Dealer Certification

I certify that the applicant will be in the employment of and under the direct supervision of my hearing aid dealer license.

Dealer Signature

Date

CHECK THE LICENSE TYPE			FOR OFFICE USE ONLY	
Armed Forces Veteran (for new licenses only) (See Required Additional Documents above.)	Fee Waived		License Number	Issue Date
New License	\$50.00	3501-05		
Relicensure	\$70.00	3501-06		
Transfer	\$10.00	3501-33		
Make your check or money order in U.S. Currency payable to: STATE OF MICHIGAN				
FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152 AND ARE NOT REFUNDABLE.				