

## HEARING AID DEALER TRAINEE SUPERVISOR VERIFICATION

Authority: 1980 PA 299, MCL 338.3434a

Legal Name of Trainee (First, Middle, Last)			Date of Birth	U.S. Social S	U.S. Social Security Number	
Address		City		State	Zip Code	
Permanent I.D. Number (if applicable)	Telephone Number	I	E-mail Address			
Employing Dealer Name (Supervising Dealer)				Dealer's Permanent I.D. Number		
Trainee Certification						
I certify that the statements in this docume licensed Hearing Aid Dealer. I understand action, or may be punishable by law.	ent are true and complete. d that any omitted stateme	I certify that I wil ent, misrepresenta	l be in the employment ( tion, or fraud may be ca	of and under the direc use for denial of my a	t supervision of the name application, disciplinary	
Trainee Signature				Date		
Supervising Dealer Certification I certify that the applicant will be in the em	ployment of and under the	e direct supervisic	on of my hearing aid dea	aler license.		
Dealer Signature				Date		

LARA/BPL-HADTRNAPP (Rev. 10/21)

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