



Bureau of Professional Licensing
 PO Box 30670 • Lansing, MI 48909
 Telephone: (517) 241-0199
www.michigan.gov/bpl
BPLHelp@michigan.gov

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 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	

--

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