

PENNSYLVANIA DEPARTMENT OF HEALTH
BUREAU OF COMMUNITY PROGRAM LICENSURE & CERTIFICATION/HEARING AID PROGRAM
132 KLINE PLAZA, SUITE A/HARRISBURG, PA/ 17104 PHONE: (717) 783-8078 FAX (717) 772-0232

(rev. 02/06)

DEALER or FITTER REGISTRATION NO: _____ TODAY'S DATE: _____

BUSINESS NAME: _____

MAIN OFFICE ADDRESS: _____

City, State, Zip: _____ PHONE: _____

BRANCH OFFICE REGISTRATION

Registration is required for ALL branch offices, including motel & hotel locations. Submit additional payment for unregistered branches (\$10 each branch). Make Check or Money Order Payable to PA Dept of Health or Complete Credit Information below. Copies of this page may be made if additional sheets are necessary.

Complete if paying by CREDIT CARD: (VISA MC DISCOVER AE) # _____

Security Code _ _ _ (3 Digit Code or number on back of credit card located in the signature block, last 3 digits only)

EXP DATE _ _ / _ _ TOTAL \$ _____ (Signature) _____ (date)

BRANCH NAME: _____ REG NO. _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ DATE OPENED _____ NEW _____ CHANGE _____

FITTER or AUDIOLOGIST IN CHARGE: _____

BRANCH NAME: _____ REG NO. _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ DATE OPENED _____ NEW _____ CHANGE _____

FITTER or AUDIOLOGIST IN CHARGE: _____

BRANCH NAME: _____ REG NO. _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ DATE OPENED _____ NEW _____ CHANGE _____

FITTER or AUDIOLOGIST IN CHARGE: _____