

PENNSYLVANIA DEPARTMENT OF HEALTH/  
PENNSYLVANIA DEPARTMENT OF HEALTH, BUREAU OF COMMUNITY PROGRAM LICENSURE &  
CERTIFICATION, HEARING AID PROGRAM, 555 WALNUT ST, 7<sup>TH</sup> FLOOR FORUM PLACE, HARRISBURG, PA  
17101.

PHONE: 717-783-8078. FAX 717-787-3188. ALT PHONE 717-787-4779. ALT FAX 717-772-3641

(rev. 01/19)

MAIN DEALER 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) # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Zip code associated with Card \_\_\_\_\_

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: \_\_\_\_\_