

**DEALER REGISTRATION RENEWAL (PLEASE PRINT CLEARLY)**

*RENEWAL FEE: \$100. If paying by credit card then complete credit card information on renewal notice or below. and submit both forms. If paying by check make payable to the " PA. Dept of Health" & include dealer no.*

<b>Dealer Business Name</b>			<b>Certificate No.</b>
<b>Other Business Name (if applicable)</b>			
<b>Business Address</b>			<b>Fitter No. (if applicable)</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone (include Area Code)</b>
<b>Business owner or company president name</b>		<b>Print Name and Title (if person completing form is not owner)</b>	
<b>Signature &amp; Date (required)</b>			
<b>Email:</b>			

*By Signing this form, the person as noted above attests the information is accurate on dealer renewal application submitted to PA. Dept of Health*

**PROFESSIONAL EMPLOYEE INFORMATION (PLEASE PRINT CLEARLY)**

*Section 102(b) of Act 262, the Hearing Aid Sales Registration Law, requires all hearing aid fitters and dealers to file annually a list of all professional hearing aid dispensers including registered hearing aid fitters and apprentices, licensed audiologists, etc. directly or indirectly employed. List names of employee(s) (e.g., fitter, audiologist, physician, apprentice, temporary apprentice fitter) and Registration or License Number. (attach additional sheets if necessary)*

NAME <small>Must list at least one PA. licensed or registered Physician, Audiologist or Fitter</small>	REGISTRATION/ LICENSE NO.	DATE HIRED

<b>PAYMENT:</b> Complete if paying by CREDIT CARD: ( VISA MC DISCOVER AE ) Billing Zip code __ __ ____ # __ __ __ - __ __ __ - __ __ __ __ EXP DATE __ / __ __ TOTAL \$ _____ Security Code __ __ __ (3 Digit Code or number on back of credit card located in the signature block)
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*Dealers and fitters are to notify the Department of Health within 15 days, **IN WRITING**, of any changes of address, additions or deletions of branch offices and discharge of registered fitters or apprentices. (See Reverse side)*

**COMPLETE REVERSE SIDE FOR BRANCH RENEWAL INFORMATION**

## **BRANCH OFFICE INFORMATION**

List complete address and phone numbers of each registered branch office. Registration is required for ALL branch offices, including motel & hotel locations. Submit additional payment for unregistered or new branches (\$10 each branch) use additional sheets if necessary List **ALL** business names under which you are operating. (Use additional sheets if necessary)

Branch Name		Registration No.	
Address			
City	State	Zip Code	
Phone (include are code)	Branch Office (OPEN/CLOSED/NEW)		
Licensed or Registered Professional Individual in Charge			

Branch Name		Registration No.	
Address			
City	State	Zip Code	
Phone (include are code)	Branch Office (OPEN/CLOSED/NEW)		
Licensed or Registered Professional Individual in Charge			

Branch Name		Registration No.	
Address			
City	State	Zip Code	
Phone (include are code)	Branch Office (OPEN/CLOSED/NEW)		
Licensed or Registered Professional Individual in Charge			

Branch Name		Registration No.	
Address			
City	State	Zip Code	
Phone (include are code)	Branch Office (OPEN/CLOSED/NEW)		
Licensed or Registered Professional Individual In Charge			

FORM IS AVAILABLE ON THE DEPARTMENT WEBSITE: [WWW.HEALTH.STATE.PA.US](http://WWW.HEALTH.STATE.PA.US) SEARCH: HEARING AID  
REGISTRATION PROGRAM ( IF FAXING, FAX BOTH SIDES OF THIS FORM TO: (717) 787-3188 or 772-3641