

PENNSYLVANIA DEPARTMENT OF HEALTH/  
PENNSYLVANIA DEPARTMENT OF HEALTH, HEARING AID PROGRAM,  
2525 North 7<sup>th</sup> STREET, SUITE 210D, HARRISBURG, PA 17110  
PHONE: 717-787-4779 FAX 717-231-4790. EMAIL: [RA-DDC@PA.GOV](mailto:RA-DDC@PA.GOV)

(rev. 01/19)

MAIN DEALER REGISTRATION NO: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_  
MAIN OFFICE ADDRESS: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Email: \_\_\_\_\_

**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: \_\_\_\_\_

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BRANCH NAME: \_\_\_\_\_ REG NO. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_ DATE OPENED \_\_\_\_\_ NEW CHANGE \_\_\_\_\_  
FITTER or AUDIOLOGIST IN CHARGE: \_\_\_\_\_

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BRANCH NAME: \_\_\_\_\_ REG NO. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_ DATE OPENED \_\_\_\_\_ NEW CHANGE \_\_\_\_\_  
FITTER or AUDIOLOGIST IN CHARGE: \_\_\_\_\_