CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
1601 Response Road, Suite 260, Sacramento, CA 95815
P (916) 287-7915 | www.speechandhearing.ca.gov

BRANCH OFFICE APPLICATION
Hearing Aid Dispensing
$25 (non-refundable)

IMPORTANT INFORMATION: Applicants must have a California license to dispense hearing aids or be a Dispensing Audiologist. Each branch location must be licensed and requires a separate application for each location. If the branch location changes the address, you must apply for a new branch office license. Applicants *may not* fit and sell hearing aids at a branch location before receiving a license for that location. The annual renewal fee is $25 for each branch location, and it will expire on the same date as your hearing aid dispenser license, regardless of issue date.

Applicant Information

FULL LEGAL NAME:	LAST	FIRST	MIDDLE
OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):			
LICENSE NO.:			
STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
RESIDENCE PHONE:		EMAIL ADDRESS:	
SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAX IDENTIFICATION NUMBER (ITIN):			
DATE OF BIRTH: (MM/DD/YYYY)			

Main Office

BUSINESS NAME			
STREET ADDRESS:	CITY	STATE	ZIP CODE
PHONE:			

Branch Office

BUSINESS NAME			
STREET ADDRESS:	CITY	STATE	ZIP CODE
PHONE:			

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect and that misstatements or omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license.

_____ _____

Applicant's Signature Date