

LOUISIANA BOARD FOR HEARING AID DEALERS

308 Gregory Dr.
Luling, LA 70070
Attn: Dina Zeevi

APPLICATION FOR REGISTRATION OF CORPORATION, PARTNERSHIP, TRUST, ASSOCIATION
OR OTHER LIKE ORGANIZATION

_____ (individually and for Applicant, collectively the "Applicant") hereby swears and attests that Applicant owns, maintains, or operates an office or place of business identified below in which the Applicant employs or engages under contract a person or persons who practice the selling and fitting of hearings aids (as set forth at R.S. 37:2442), is required to be licensed, and is accordingly applying or reapplying for registration with the Louisiana Board For Hearing Aid Dealers (the "Board") pursuant to Louisiana Revised Statutes 37:2441 et seq., as now existing or as amended (the "Louisiana Hearing Aid Dealer Law") and particularly R.S. 37:2465. Further, the Applicant swears and attests that if person / legal entity who owns, maintains, or operates an office or place of business related to this Application is a corporation or other legal entity, the chief executive officer of the corporation or legal entity is licensed and acting in conformity with the Louisiana Hearing Aid Dealer Law.

Accordingly, the Applicant attests and warrants that Applicant shall engage in the selling and fitting of hearing aids and/or accessories in the State of Louisiana pursuant to the Louisiana Hearing Aid Dealer Law (R.S. 37:2441 through 37:2465) and the Bylaws and Rules and Regulations and authority of the Board.

Applicant further attests that Applicant maintains an established business address in the State of Louisiana from which it engages in the business of selling or offering for sale hearing aids and/or accessories and that it employs and will employ at any such business address or addresses only properly licensed natural persons as required under the Louisiana Hearing Aid Dealer Law and by the Board in the direct sale and fitting of hearing aids and accessories, and that Applicant shall not attempt to fit or sell hearing aids and/or accessories in any other manner in the State of Louisiana other than through licensed hearing aid dealers.

Applicant further attests and certifies that the answers and information provided in this application are true and correct. Applicant acknowledges and agrees that willfully making a false, material statement in an application for registration or for renewal of a license or certificate is prohibited by R.S. 37:2454 and may result in license revocation or suspension.

1. Full name of Applicant:

2. If Applicant is a corporation or entity, please state:

- a. The date of incorporation for formation: _____
- b. State(s) of incorporation or formation: _____
- c. The domicile address, telephone number and electronic mail of the corporation or entity:
Address: _____
Telephone: _____ Email: _____

d. Full name, address, and telephone number of chief executive officer of corporation or entity:

e. Full name, address, and telephone numbers of corporation or entity owner(s):

f. States where corporation or entity is registered to do business and dates of registration:

3. If Applicant is a partnership, please state:

a. The date of the formation of the partnership: _____

b. The name of the State where the partnership was formed: _____

c. The full names, addresses, and telephone numbers of all partners:

d. The domicile address of the partnership: _____

4. If Applicant is a trust, please state: _____

a. The date of the formation of the trust: _____

b. The name of the state where the trust was formed: _____

c. The name, address, & phone # of the trustee or trustees of the trust: _____

d. The domiciliary address of the trust: _____

5. If Applicant is an association, organization, or other entity please provide:

a. Description of association, organization, or entity: _____

b. Name of the state where formed: _____

c. Date of its formation: _____

d. Names, addresses, and telephone numbers of all members:

e. Domicile address: _____

6. State all addresses where Applicant is engaged in the selling and fitting of hearing aids in the State of Louisiana including sub offices and part time offices:

State the names, addresses, & telephone numbers of all persons employed by applicant who sell and fit hearing aids and/or accessories in the State of Louisiana and which offices they are assigned:

7. Provide calibration certificates for all audiometers and identify office where audiometer is assigned:

8. Identify and provide name(s) of all hearing aid product(s) sold by Applicant:

9. Identify all manufacturers whose hearing aids and/or accessories are sold by Applicant:

10. Applicant agrees that if any of the information provided changes during the current calendar year, Applicant shall notify the Board in writing within fifteen (15) days of the changes.

The undersigned warrants that he/she is duly empowered and authorized to execute this Application, individually on behalf of Applicant, has had an opportunity to review the Louisiana Hearing Aid Dealer Law and Bylaws of the Board, and agrees to comply with and be bound thereby, and has fully read and understands this Application and has completed it truthfully to the best of his/her knowledge, information, and belief.

ATTESTED TO AND EXECUTED this _____ day of _____, 20_____.

Applicant printed name

Signature

Print name:
Title: