



Alaska Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806
333 Willoughby Ave, Juneau, AK 99801 (for use in express mailing)
Phone: (907) 465-2695 ★ E-mail: license@alaska.gov
Website: www.commerce.state.ak.us/occ/phdl.htm

BIENNIAL HEARING AID DEALER LICENSE RENEWAL

October 1, 2010 – September 30, 2012

BIENNIAL RENEWAL FEE: \$100

LATE PENALTY FEE: \$50 (for renewals postmarked on or after December 1, 2010)

YOUR LICENSE TO DISPENSE HEARING AIDS IN THE STATE OF ALASKA LAPSES ON SEPTEMBER 30, 2010. There is no grace period. It is illegal for you to practice or offer practice in Alaska if your license has lapsed. To renew your license for the period (October 1, 2010 – September 30, 2012), return this signed application to the above address with a check or money order payable to the State of Alaska or use the attached credit card authorization form. This is the only renewal notice you will receive. An incomplete application or insufficient fee will result in your renewal being rejected.

RENEWAL DUE DATE Complete this form and return with the appropriate fee for processing. The processing time for correct and completed renewal applications is three to four weeks after receipt. Plan accordingly and submit your form by September 1, 2010 to ensure processing by the lapse date of September 30, 2010. Please allow additional time for processing if you answer "yes" to any of the professional conduct questions.

NAME CHANGE If you have had a legal name change since your last license was issued, submit a certified true (notarized) copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change.

EXPIRED LICENSES There is no "inactive" license status. A license lapsed less than two years will be renewed in accordance with AS 08.55.020. Licenses which have been expired more than two years cannot be renewed.

SOCIAL SECURITY NUMBERS AS 08.01.100 requires that a U.S. Social Security Number be on file with the division before a professional license is renewed for an individual.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS If the Alaska Commission on Postsecondary Education has determined you are in loan default, or if the Alaska Child Support Services Division has determined you are in arrears on child support, you will be issued a nonrenewable, temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

PUBLIC INFORMATION Please be aware that all information on this renewal form will be available to the public unless required to be kept confidential by state or federal law.

Name: Last First Middle Social Security #:

Business Name or Name of Employer :

Corrected Mailing Address (complete only if your address is different than the address label shown above or there is no label):

Street or P.O. Box City State ZIP Code

Daytime Telephone #: Date of Birth: License #:

Email:



**PROFESSIONAL FITNESS**

The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "yes" to any of the questions, please explain dates and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, etc).

<b>Since the date of your <u>last</u> application for an Alaska hearing aid dealer license:</b>	<b>YES</b>	<b>NO</b>
1. Have you had your license denied, revoked, suspended, surrendered, placed on probation, or been subject of any restriction, censure, reprimand, or other disciplinary action in any jurisdiction?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been convicted of any criminal offense other than a minor traffic violation?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, or psychotic disorder, or substance abuse?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you now or have you been addicted to, or excessively or illegally used, alcohol, or a controlled substance?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you currently have a physical disability which may impair or interfere with your ability to practice as a hearing aid dealer?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have or have you had a serious disease that was contagious or infectious?.....	<input type="checkbox"/>	<input type="checkbox"/>

**I certify that the information contained in this application is true and correct. I understand that any false information may result in failure to renew my hearing aid dealer license in Alaska, or subsequent revocation of my license.**

**Sign Here** 

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**NOTIFICATION OF PROPOSED REGULATIONS CHANGES**

If you would like to receive notice of all proposed Hearing Aid Dealers regulation changes, please send a written request adding your name to the Hearing Aid Dealers Interested Parties List to:

**REGULATIONS SPECIALIST**  
**Department of Commerce, Community, and Economic Development**  
**Division of Corporations, Business and Professional Licensing**  
**P.O. Box 110806, Juneau, Alaska 99811-0806**



State of Alaska  
 Department of Commerce, Community, and Economic Development  
 Division of Corporations, Business and Professional Licensing  
 PO Box 110806, Juneau, Alaska 99811-0806  
 Phone: (907) 465-2550

OFFICE USE ONLY

**CREDIT CARD PAYMENT**

For security purposes, please **do not email or fax** credit card information. Mail this form with the completed renewal to the Division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: \_\_\_\_\_  
*Corporate or Individual (first, middle, last)*

License Number (if applicable): \_\_\_\_\_

Type of License: \_\_\_\_\_

I wish to make payment by credit card for the following:  
*(check all that apply)*

- |   |        |
|---|--------|
| <input type="checkbox"/> Application fee          | Amount |
| <input type="checkbox"/> License (or renewal) fee | _____  |
| <input type="checkbox"/> Fine                     | _____  |
| <input type="checkbox"/> Other (specify): _____   | _____  |

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

Print Name on Credit Card: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Signature of Credit Card Holder:** \_\_\_\_\_

Credit Card Type (*check one*):       VISA                       MASTERCARD

**Card Number:** \_\_\_\_\_

**Please provide the 3-digit security code number from the back of the card:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_