



Business Organization Name [DBA as advertised to public in Arizona]	<input type="checkbox"/> A-1-d. License Expiration Date	
	<input type="checkbox"/> A-1-d. Full License Number	BHAD

<p>PLEASE NOTE: If it is more than 30 days after your license expired, the license is non-renewable.</p> <p>Please e-mail OSL.TArequests@azdhs.gov for assistance or contact the Bureau of Special Licensing at 602-364-2079.</p>	
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Please complete the following:		For ADHS-BSL Use Admin. Review	For ADHS-BSL Use Substantive Review
Do you agree to allow the Department to submit supplemental requests for information under AAC R9-16-316?	YES NO		
<input type="checkbox"/> AAC R9-16-308 A-1-a. Business Organization Name [Registered with Arizona Corporation Commission];			
<input type="checkbox"/> The business EIN, as required under A.R.S. §§ 25-320 and 25-502;			
The following 4 fields relate to the individual who is authorized to be the designated agent for the business organization.			
<input type="checkbox"/> A-1-c. The designated agent's name;			
<input type="checkbox"/> A-1-c. The designated agent's correspondence address;			
<input type="checkbox"/> A-1-c. The designated agent's contact telephone number;			
<input type="checkbox"/> A-1-c. The designated agent's e-mail address;			

Pursuant to A.R.S. 41-1030(B)(D)(E)(F)

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.



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Complete this page (duplicate as needed) for each physical address in Arizona where the business engages in the practice of fitting and dispensing hearing aids.	For ADHS-BSL Use Administrative Review	For ADHS-BSL Use Substantive Review																				
(If Known For This Practice Location) AZLOCID#: HAD																						
<input type="checkbox"/> A-1-b. The business organization's Arizona business name [DBA as advertised in Arizona];																						
<input type="checkbox"/> A-1-b. The business organization's Arizona physical business address [Practice Location];																						
<input type="checkbox"/> A-1-b. The business telephone number for this practice location;																						
<input type="checkbox"/> AAC R9-16-308 A-1-d. Please list below each person engaging in the practice of fitting and dispensing hearing aids at this practice location. [As defined in A.R.S. §36-1901]																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%; padding: 5px;">Arizona License Number (DA, HAD, or THAD)</th> <th style="width: 45%; padding: 5px;">Name</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td></tr> </tbody> </table>	Arizona License Number (DA, HAD, or THAD)	Name																				
Arizona License Number (DA, HAD, or THAD)	Name																					
<input type="checkbox"/> A-1-e. Within the two years before this application date, has the business organization or a hearing aid dispenser working for the business organization had a hearing aid dispenser license suspended or revoked by any state?	YES NO																					
<input type="checkbox"/> A-1-f. Is the business organization or a hearing aid dispenser working for the business organization currently ineligible for licensure in any state due to a revocation or suspension?	YES NO																					



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FEES: Each practice location must have an original license posted. The renewal fee pays for 1 license. An original duplicate license should be ordered for each additional practice location.	ADHS-BSL Administrative Review	ADHS-BSL Substantive Review
<input type="checkbox"/> 311-A-2-b. Please enclose a license renewal fee in the amount of \$200 , made payable to <i>Arizona Department of Health Services</i> . Print on the memo line your Full License Number and "LIC RENEW". \$200 license renewal fee. →→→ \$ 200		
<input type="checkbox"/> R9-16-317-B. Request for a Duplicate License If requesting a duplicate license, please add a \$25 fee for each duplicate license requested. [if applicable] Duplicate fee total amount →→→ \$		
<input type="checkbox"/> 311-B. In addition to the documentation and renewal fee in subsection 311-A-3-b., an applicant who submits a renewal application within 30 calendar days after the license expiration date shall submit a [if applicable] \$25 late fee. →→→ \$		
Total Payment Amount Encl. →→→ \$		
<i>Please make and keep a receipt copy of your payment.</i>		
<input type="checkbox"/> 311-A-1-g. By your signature below, you attest that the information submitted in this application is true and accurate.		
<input type="checkbox"/> 311-A-1-h. The Designated Agent's signature		
<input type="checkbox"/> 311-A-1-h. The Designated Agent's date of signature		

Before submitting your application, please double-check that all application pages, documents, attachments, and fees are included. Be sure to save a personal copy of your completed application and any attachments. If you wish confirmation of the receipt of your application, please deliver it via a receipt confirmation service.

Mail the completed application and all required documentation to:

**Arizona Department of Health Services
Bureau of Special Licensing
150 North 18th Avenue, Suite 410
Phoenix, Arizona 85007**

**For questions and technical assistance, feel free to contact the Bureau
by phone, 602-364-2079 or by e-mail, OSL.TArequests@azdhs.gov**