



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

PLEASE NOTE: This application initiates a license for one (1) physical address where hearing aid fitting and dispensing occurs. If your business has multiple dispensing practice locations in Arizona, you have the option of: completing a separate application and fees for each one, licensing them individually; or combining locations under a single license by duplicating page 2 of this application for each location.

Please e-mail OSL.TArequests@azdhs.gov for assistance or contact the Bureau of Special Licensing at 602-364-2079.

Please complete the following:		For ADHS Use Admin. Review	For ADHS Use Subst. 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 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
(For ADHS USE ONLY For This Practice Location)	(For ADHS USE ONLY 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]			
Arizona License Number (incl. 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 initial license fee pays for 1 license. If placing multiple locations under this 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. Please enclose a non-refundable application fee in the amount of \$100 , made payable to <i>Arizona Department of Health Services</i> . Non-refundable application fee →→→	\$ 100		
<input type="checkbox"/> 311-A-2-b. Please enclose a license 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". Initial license 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 license fee total →→	\$		
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**