

RENEWAL APPLICATION

License No

☐ Check For New Address.
Indicate any changes below.

Name					
Address					
City		State		Zip Code	
Country					

ACTIVE \$550

INACTIVE \$150

Your Montana Hearing Aid Dispenser license will lapse on June 30.

TO RENEW ONLINE GO TO: <https://ebiz.mt.gov/pol> (Online transactions must be completed no later than 11:59 PM, MST on the renewal deadline date. Failure to complete the transaction by 11:59 PM will result in the addition of a late fee.)
OR

- 1) Complete all the information on the renewal application.
- 2) Answer the continuing education statement below.
- 3) Answer the disciplinary question at the bottom of the form.
- 4) Submit a check or money order for \$550 for an ACTIVE license, or \$150 for an INACTIVE license, made payable to the Board of Hearing Aid Dispensers. DO NOT SEND CASH. Canadian and foreign residents pay in U.S. funds only.
- 5) Renewals with a U.S. Postal Service postmark after June 30 will be assessed a penalty fee by state law of \$550, for a total amount of \$1100 for an ACTIVE license, and a penalty fee of \$150 for a total of \$300 for an INACTIVE license.
- 6) Indicate any address correction/change where requested at the top of the form.
- 7) Sign and date the renewal application and return it to the Board office with the appropriate fee on or before June 30.
- 8) Incomplete or unsigned renewal applications will be returned and may be subject to the penalty fee if not received in the Board office completed and postmarked by June 30.

AUDIOMETRIC TESTING EQUIPMENT AFFIRMATION:

I affirm that the audiometric testing equipment I use at all places of business have been calibrated to ANSI standards per ARM 24.150.601 within the last year.

CONTINUING EDUCATION AFFIRMATION OF UNDERSTANDING:

I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by ARM 24.150.2201 and that I may be audited for compliance with these requirements. I understand my license may be subject to disciplinary action, or administratively suspended until I meet the requirements of the rule stated above.

I declare under penalty of perjury that the above statements are true. I am aware that a false statement may lead to subsequent revocation of licensure on ethical grounds.

PLEASE BE ADVISED THAT YOU CANNOT WORK ON AN EXPIRED LICENSE; SHOULD YOU WORK WITHOUT A VALID, CURRENT LICENSE, DISCIPLINARY ACTION CAN BE TAKEN.

HAVE ANY LEGAL OR DISCIPLINARY ACTIONS BEEN INSTITUTED AGAINST YOU OR ANY OF YOUR PROFESSIONAL LICENSES SINCE EITHER YOUR INITIAL LICENSURE IN MONTANA OR SINCE YOU RENEWED YOUR LICENSE, WHICHEVER OCCURRED LATEST?

Yes If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

No

Your signature: _____ Date: _____

DO NOT SEND CASH