



**The Hearing Aid Board**

302-258 Portage Ave  
 Winnipeg, MB R3C 0B6  
 Tel: (204) 945-3800, Fax: (204) 945-0728  
 Toll free in Manitoba:  
 1-800-782-0067

**Régis des Appareils Auditifs**

258, av. Portage, bureau 302  
 Winnipeg, MB R3C 0B6  
 (204) 945-3800, Télécopieur: (204) 945-0728  
 Sans frais au Manitoba:  
 1-800-782-0067

**APPLICATION FOR CERTIFICATION AS A HEARING AID DEALER**

Full Certification: \$154.00

1. (a) Name of applicant in full: \_\_\_\_\_  
 Maiden name, if married: \_\_\_\_\_
- (b) Home address: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_
- (c) Name and address of business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone number: \_\_\_\_\_
- (d) Date of birth: date ( ) month ( ) year ( )
- (e) Place of birth: \_\_\_\_\_  
 Length of residence in Manitoba: \_\_\_\_\_

2. The applicant has been employed for the last 10 years as follows:

FROM: MONTH/YEAR	TO: MONTH/YEAR	EMPLOYED BY:	AT: ADDRESS	IN THE BUSINESS OF:	AS: OCCUPATION	AT: LOCATION

3. The applicant  
 (a) is presently and has been continuously engaged principally in the business of a hearing aid dealer for \_\_\_\_\_ years in the employ of \_\_\_\_\_ at \_\_\_\_\_ in the city of \_\_\_\_\_ in the province of \_\_\_\_\_.

**- OR -**

(b) will be engaged primarily in the business of a hearing aid dealer under the personal supervision and direction of \_\_\_\_\_ who holds Manitoba Certificate No. \_\_\_\_\_, and the applicant will be employed by \_\_\_\_\_ at \_\_\_\_\_ in the city of \_\_\_\_\_ in the province of Manitoba.

4. Has the applicant:

(a) been refused authorization to engage in the business of a hearing aid dealer, or had any such authorization been suspended or cancelled anywhere in Canada?

( ) No ( ) Yes If yes, specify.

(b) been convicted or been associated in any company, firm or business that was convicted or any offence in Canada that involved dishonesty, fraud or misrepresentation?

( ) No ( ) Yes If yes, specify. \_\_\_\_\_

\_\_\_\_\_

5. The applicant has attained education standing equivalent to \_\_\_\_\_ in Manitoba at \_\_\_\_\_ school, located in the city of \_\_\_\_\_ in the province of \_\_\_\_\_.

**\*NOTE: STUDENT APPLICANTS MUST HAVE GRADE 12 STANDING.**

6. The applicant attended the following post secondary institutions:

Institution	Place	Length of Attendance	Standing Achieved

7. The applicant holds the following special qualifications as a hearing aid dealer.

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The applicant is aware that any material misstatement in the application is sufficient cause for refusal or cancellation of the certification applied for.

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Date

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Signature

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Witness

**SPONSOR'S CONFIRMATION (if applicable)**

This is to confirm that the applicant will be engaged as a hearing aid dealer as stated herein upon issuance of a student certification.

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Date

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Signature of Sponsor

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Certification No.

**Note:**

Information is being collected under the authority of The Hearing Aid Act and will be used to consider this application for renewal of certification as a hearing aid dealer. If you have any questions about the application, please contact the Consumer Protection Office at (204) 945-3800.

**N.B.:**

Les renseignements sont recueillis en vertu de la Loi sur les appareils auditifs et serviront à déterminer l'admissibilité de cette demande de renouvellement d'accréditation en tant qu'audio-prothésiste. Si vous avez des questions au sujet de cette demande, veuillez vous adresser à l'Office de la protection du consommateur au (204) 945-3800.