

Notice of Employment Status (Hearing Aid Dispenser)
PLEASE PRINT OR TYPE

HEARING AID DISPENSER UNIQUE ID	BUSINESS LOCATION (EMPLOYEES: PLACE OF EMPLOYMENT)			
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	HEARING AID DISPENSER LAST NAME	FIRST NAME	M.I.	SUFFIX
BUSINESS UNIQUE ID	BUSINESS NAME			
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	BUSINESS STREET ADDRESS			
Type of Change (Check One):	CITY	STATE	ZIP+4	COUNTY
<input type="checkbox"/> HIRING	DATE OF CHANGE			
<input type="checkbox"/> NO LONGER EMPLOYED	____/____/____			
DOS-1467-a (08/10)	Employer Signature			Date

Hearing Aid Dispenser Notice of Employment Status

INSTRUCTIONS

This form must be used for reporting the employment, retirement, resignation or termination of hearing aid dispensers. When completed it should be forwarded to the NYS Department of State, Division of Licensing Services at the address on the reverse side of this form within fifteen calendar days.

The fee for reporting employment of a hearing aid dispenser when FILED SEPARATELY from the original Hearing Aid Dispenser Application is \$25. There is no fee for reporting the employment of a hearing aid dispenser when this form is filed WITH the original Hearing Aid Dispenser Application.

There is no fee for reporting a retirement, resignation or termination of a hearing aid dispenser.