



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429
www.dos.ny.gov

Notice of Employment Status (Hearing Aid Dispenser)

PLEASE PRINT OR TYPE

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

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 top 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.