

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 RENEWAL OF CERTIFICATION AS A HEARING AID DEALER

_ ′	,	Full Student	Hearing Aid Fees - Student Renew - Full Certified l		
(a) Name of applicant in full					
		Maiden n	name, if married		
((b)	Residence	e address		
		No.	Street	City	Postal Code
		Telephon	ne No		
(c) Business name and address					
		No.	Street	City	Postal Code
		Telephon	ne No	Fax:	
(s the applica	ant been convicted of, my offence in Canada t	Fax:Fax:	y, firm or business that wnisrepresentation?
-	(All	the applicativicted of, and the original of the original or	ant been convicted of, any offence in Canada t () Yes If ed dealers are required their renewal date. Pl	or been associated in any company that involved dishonesty, fraud or reges, specify. It to take a minimum of 10 hours crease supply in the space below det	y, firm or business that v misrepresentation?
-	(All	the applicativicted of, and the original of the original or	ant been convicted of, any offence in Canada t () Yes If ed dealers are required their renewal date. Pl	or been associated in any company that involved dishonesty, fraud or reges, specify. d to take a minimum of 10 hours or	y, firm or business that v misrepresentation?
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-	(All year and	the applicativicted of, and the application of the	ed dealers are required their renewal date. Ples of documentation e	or been associated in any company that involved dishonesty, fraud or reges, specify. It to take a minimum of 10 hours crease supply in the space below det videncing these credit hours.	redit of upgrading in the rails about upgrading tak

THE APPLICANT IS AWARE THAT ANY MATERIAL MISSTATEMENT IN THE APPLICATION IS SUFFICIENT CAUSE FOR REFUSAL OR CANCELLATION OF THE CERTIFICATION APPLIED FOR.

Date	Signature
	Witness
SPONSOR	'S CONFIRMATION (if applicable)
This is to confirm that the applicant wil issuance of a student certification.	l be engaged as a student hearing aid dealer as stated herein upon
Date	Signature of Sponsor
	Certification No.
Note:	
· ·	e authority of The Hearing Aid Act and will be used to consider ion as a hearing aid dealer. If you have any questions about the er Protection Office at (204) 945-3800.
N.B.:	
l'admissibilité de cette demande de rend	ertu de la <u>Loi sur les appareils auditifs</u> et serviront à déterminer ouvellement d'accréditation en tant qu'audio-prothésiste. Si vous mande, veuillez vous adresser à l'Office de la protection du

consommateur au (204) 945-3800.