

Business Organization Name [DBA as advertised to public in Arizona]	<input type="checkbox"/> A-1-d. License Expiration Date	
	<input type="checkbox"/> A-1-d. Full License Number	BHAD

Important: Please Read Before Completing this Form
 Before you can use this form, you **must** already have a business organization hearing aid dispenser license (BHAD#) issued to you.
 This form is for adding one (1) physical address under a current BHAD# license to receive an original duplicate license for display in the location being added.
 Alternatively, you have the option of initiating a new separate license for the location by completing the Initial Business Organization Hearing Aid Dispenser license application. You would also use the Initial BHAD application if you wish to 'split' one or more locations in a current BHAD license to a separate license number.
 Please e-mail OSL.TArequests@azdhs.gov for assistance or contact the Bureau of Special Licensing at 602-364-2079.

Please complete the following:		For ADHS Use Admin. Review	For ADHS Use Subst. Review
Do you agree to allow the Department to submit supplemental requests for information under AAC R9-16-316?	YES NO		
<input type="checkbox"/> AAC R9-16-308 A-1-a. Business Organization Name [Registered with Arizona Corporation Commission];			
<input type="checkbox"/> The business EIN, as required under A.R.S. §§ 25-320 and 25-502;			
The following 4 fields relate to the individual authorized to be the designated agent for the business organization.			
<input type="checkbox"/> A-1-c. The designated agent's name;			
<input type="checkbox"/> A-1-c. The designated agent's correspondence address;			
<input type="checkbox"/> A-1-c. The designated agent's contact telephone number;			
<input type="checkbox"/> A-1-c. The designated agent's e-mail address;			

Pursuant to A.R.S. 41-1030(B)(D)(E)(F)
 B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
 D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
 E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.
 F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.



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Complete this page (duplicate as needed) for each physical address in Arizona where the business engages in the practice of fitting and dispensing hearing aids.		For ADHS-BSL Use Administrative Review	For ADHS-BSL Use Substantive Review
(For ADHS USE ONLY For This Practice Location)	(For ADHS USE ONLY For This Practice Location)		
AZLOCID#: HAD			
<input type="checkbox"/> A-1-b. The business organization's Arizona business name [DBA as advertised in Arizona];			
<input type="checkbox"/> A-1-b. The business organization's Arizona physical business address [Practice Location];			
<input type="checkbox"/> A-1-b. The business telephone number for this practice location;			
<input type="checkbox"/> AAC R9-16-308 A-1-d. Please list below each person engaging in the practice of fitting and dispensing hearing aids at this practice location . [As defined in A.R.S. §36-1901]			
Arizona License Number (incl. DA, HAD, or THAD)	Name		
<input type="checkbox"/> A-1-e. Within the two years before this application date, has the business organization or a hearing aid dispenser working for the business organization had a hearing aid dispenser license suspended or revoked by any state?	YES NO		
<input type="checkbox"/> A-1-f. Is the business organization or a hearing aid dispenser working for the business organization currently ineligible for licensure in any state due to a revocation or suspension?	YES NO		



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FEES: Each practice location must have an original license posted. The duplicate license fee pays for 1 original duplicate of an existing BHAD license. The duplicate license will bear the same license number but have a separate unique identifier (AZLOCID#) for this particular registered practice location.		ADHS-BSL Administrative Review	ADHS-BSL Substantive Review
<input type="checkbox"/> R9-16-317-B. Request for a Duplicate License Please enclose a Duplicate license fee in the amount of \$25 , made payable to <i>Arizona Department of Health Services</i> . Please memo the BHAD license number being duplicated as, "BHAD#### DUPL FEE"	\$ 25		
<i>Please make and keep a receipt copy of your payment.</i>			
<input type="checkbox"/> 311-A-1-g. By your signature below, you attest that the information submitted in this application is true and accurate.			
<input type="checkbox"/> 311-A-1-h. The Designated Agent's signature			
<input type="checkbox"/> 311-A-1-h. The Designated Agent's date of signature			

Before submitting your application, please double-check that all application pages, documents, attachments, and fees are included. Be sure to save a personal copy of your **completed** application and any attachments. If you wish confirmation of the receipt of your application, please deliver it via a receipt confirmation service.

Mail the completed application and all required documentation to:

**Arizona Department of Health Services
 Bureau of Special Licensing
 150 North 18th Avenue, Suite 410
 Phoenix, Arizona 85007**

**For questions and technical assistance, feel free to contact the Bureau
 by phone, 602-364-2079 or by e-mail, OSL.TArequests@azdhs.gov**