



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
HEALTH REGULATIONS AND LICENSING ADMINISTRATION  
PHARMACEUTICAL CONTROL DIVISION  
DOH – Pharmacy, P.O. Box 37803, Washington D.C. 20013**



**APPLICATION FOR REGISTRATION PERMIT HEARING AID**

1. \_\_\_\_\_  
NAME OF APPLICANT(S): \_\_\_\_\_ Phone Number \_\_\_\_\_

2. \_\_\_\_\_  
NAME: \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail \_\_\_\_\_

3. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ Street and Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
4. \_\_\_\_\_

5. \_\_\_\_\_  
TRADE NAME: \_\_\_\_\_ Phone Number \_\_\_\_\_

6. \_\_\_\_\_  
ADDRESS OF PREMISES APPLIED FOR: \_\_\_\_\_ Zip Code \_\_\_\_\_

7. \_\_\_\_\_  
D.C. WARD NO. \_\_\_\_\_ 8. \_\_\_\_\_  
Certificate of Occupancy No. \_\_\_\_\_

9. Indicate whether a  
 CHANGE OF OWNERSHIP       CHANGE OF LOCATION       NEW APPLICATION       **RENEWAL #**

10. If change of Ownership, give previous name: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 11. If New Location, give:  
 Date Ready for Inspection \_\_\_\_\_  
 Date of Opening \_\_\_\_\_

12. NAME OF CORPORATION: \_\_\_\_\_ Phone Number \_\_\_\_\_  
 OFFICE ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 NAME OF BUSINESS \_\_\_\_\_  
 ADDRESS OF BUSINESS \_\_\_\_\_ Zip Code \_\_\_\_\_

13. If Corporation, list Officers and Address  
 President: \_\_\_\_\_  
 Vice President: \_\_\_\_\_  
 Secretary: \_\_\_\_\_  
 Treasurer: \_\_\_\_\_

14. If Non D.C. Corporation and/or Non D.C.  
 Resident: Applicant's D.C. Agent  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

15. Has applicant(s) been found guilty of fraudulent hearing aid practices or advertising?  YES  NO  
 If answer to above question is Yes, please attach supplemental sheet with explanation.

I CERTIFY THAT ALL OF THE STATEMENTS MADE BY ME ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**REPORT FRAUD, WASTE, AND ABUSE:** To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at [hotline.oig@dc.gov](mailto:hotline.oig@dc.gov), or by TTY at 711. For additional information, visit the Office of the Inspector General's website at [oig.dc.gov](http://oig.dc.gov).