N.C. State Hearing Aid Dealers and Fitters Board

Post Office Box 97833, Raleigh, NC 27624-7833

APPLICATION TO BECOME AN AUTHORIZED CALIBRATER

Board Use Only

Record Update : _____

Payment: _____ **#** _____

IT IS RECOMMENDED THAT THIS APPLICATION BE SENT TO THE BOARD WITH A RETURN RECEIPT REQUESTED AND THAT THE APPLICANT RETAIN A COPY OF ALL INFORMATION.

1. Applicant's Name _____
   FIRST MIDDLE LAST

2. Applicant's Business Address [STREET ADDRESS - INCLUDE COMPANY NAME AND ZIP CODE]

   _____

   _____

   _____

3. Applicant's Federal Tax Identification Number _____

4. Applicant's Business Telephone Number _____

5. Applicant's Business Fax Number _____

6. Applicant's Business E-mail Address _____

   Per Board Rule 21 NCAC 22A .0312, "Audiometer" means an electronic device, used for air conduction testing, bone conduction testing, and for obtaining speech audiometry results, which contains a masking circuit, at least one VU meter, and capability of sound field output.

7. Equipment Used to Calibrate the **Air Conduction, Bone Conduction, Masking, and Speech Circuits** of an Audiometer

Item	***Equipment Description***	***Manufacturer***	***Model***	***Serial Number***
1				
2				
3				
4				
5				
6				
7				
8				

NOTE: It is the responsibility of each Registered Calibrater to annually notify the Board of any changes regarding the information contained on this form.

_____ **Applicant's Signature**

_____ **Date**