



**North Carolina State Hearing Aid Dealers and Fitters Board**

**APPLICATION FOR LICENSE/EXAM REGISTRATION (F4-ALER)  
Applicant Affidavit**

Note: This affidavit is a required part of the electronic Application for License/Exam Registration. All forms, documents, and submissions, as part of the application process, are covered by this affirmation. *Your electronic application will not be processed until this signed affidavit is received by the Board.*

Date of Electronic Application (enter date of submission, if known): \_\_\_\_\_

Name (PRINT CLEARLY): \_\_\_\_\_

Applicant's Social Security Number (PRINT CLEARLY): \_\_\_\_\_

Applicant's Date of Birth (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affidavit:** *I hereby affirm that I have completed the Application for License/Exam Registration ("Application"); that I have read and understand the complete Application; and that I declare under penalty of perjury, that all of the information, documents, and materials submitted in response thereto are true, correct, and complete. I understand that falsification or misrepresentation of any item or response in this duly-made application (as defined in 21 NCAC 22A) shall constitute a sufficient basis for the Board to deny the Application, revoke my license or initiate and pursue any other disciplinary action including revoking my license after issuance. I attest that I have read and understand the rules promulgated by the NC State Hearing Aid Dealers and Fitters Board, codified as Title 21, Chapter 22 of the North Carolina Administrative Code and North Carolina General Statute Chapter 93D, and I agree to abide by the same.*

Applicant's Signature: \_\_\_\_\_ (seal)

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Printed Name  
My Commission Expires: \_\_\_\_\_

**FOR BOARD USE ONLY:**

Exam Code: \_\_\_\_\_  
F3 \_\_\_\_\_ Exam Fee \_\_\_\_ App Fee \_\_\_\_ Pmt Id \_\_\_\_\_ AC<12 mo. \_\_\_\_  
F5 \_\_\_\_ F6 \_\_\_\_ F7 \_\_\_\_\_ Cert Exp \_\_\_\_\_ F4E \_\_\_\_ CBG \_\_\_\_\_ Cert. \_\_\_\_\_