

**Maryland Department of Health  
Board of Examiners for Audiologists,  
Hearing Aid Dispensers, and Speech-Language Pathologists**  
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**HEARING AID DISPENSER – PLACE OF BUSINESS**

Return a legibly completed form to the Board via mail, fax, or e-mail (.pdf format only).  
Use additional forms if necessary.

Any questions regarding this regulation or form may be directed to the  
Board's Executive Director at 410-764-4725.

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

1. Place of business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date Effective: \_\_\_\_\_

2. Place of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date Effective: \_\_\_\_\_

3. Place of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date Effective: \_\_\_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date