



North Carolina State Hearing Aid Dealers and Fitters Board

WAIVER OF APPRENTICESHIP REQUIREMENT (F6-LWAR) Licensed Out of State Affidavit

Note: This affidavit is a part of the electronic Application for License/Exam Registration. It is only required if your answer to question 16 is (F)(iii). Complete the top portion of the form, including filling in registration deadline, then provide to State Board where you are currently licensed to complete and mail directly to the Board.

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

Applicant's Name (PRINT CLEARLY): _____

The applicant named above seeks to qualify to have the one-year apprenticeship requirement waived under N.C.G.S. §93D-5(c) because applicant has been continuously licensed to fit or sell hearing aids in another state or jurisdiction for the preceding three years. In order to process the application, please complete the affidavit and mail directly to the Board at:

NC Hearing Aid Dealers and Fitters Board
ATTN: Waiver Processing
3801 Lake Boone Trail, Ste 190
Raleigh, NC 27607

The completed form must be received by the registration deadline of _____.

Affidavit: *I hereby affirm that I am an authorized representative of the Board shown below; that I have reviewed the Board's official records regarding the above-named applicant; that applicant is currently licensed and has been continuously licensed in the state or jurisdiction of _____ for the past three consecutive years immediately preceding this affidavit; and that a Verification of Licensure form (F7-VOL) has been completed to supplement this affidavit.*

This the _____ day of _____, 20____.

Authorized Board Representative: _____ (seal)

Printed Name: _____ Title: _____

Board: _____

Board Seal:

FOR NC BOARD USE ONLY: