



North Carolina State Hearing Aid Dealers and Fitters Board

**REGISTERED SPONSOR APPLICATION (F8-RSA)
Applicant Affidavit**

Note: This affidavit is a required part of the electronic Registered Sponsor Application. 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 Registered Sponsor Application (“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 Registered Sponsor certificate 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: EU ____ AU ____ CM _____ Cert Exp _____

F8E _____ Photo _____ App Fee _____ F7 _____

Apprentice Cert. _____ Cert. RS-_____