



Name

Title

First and Middle

Last

Civic Address (Not PO Box):

Street Number

Street Name

Unit/Suite/Apt

City/Town/County

Province

Country

Postal Code

Mailing Address (If Different):

Street, P.O. Box, RR#, Site # etc.

City/Town/County

Province

Country

Postal Code

Contact Information:

Primary Phone #

Work Phone #

Email

Note: The submission of an application with payment does not guarantee application approval.

Mail to Access Nova Scotia

Nova Scotia Business Registry

P.O. Box 1529

Halifax, NS B3J 2Y4

Check the appropriate category.

Direct Seller Category	
<input type="checkbox"/>	Hearing Aid Salesperson Direct Sellers Regulation Act

1. Name and Address of business where you will be employed:

Name of Business

Unit/Suite# Street Name and Number

City/Town/County Province Country Postal Code

2. Employer's Nova Scotia Registry of Joint Stock Companies #: _____

3. Applicant's Date of Birth: Day _____ Month _____ Year _____

4. Has the applicant been previously licensed or registered?

No Yes

If yes, give full particulars

5. Has the applicant ever had any license refused, suspended or revoked?

No Yes

If yes, give full particulars

6. Has the applicant been involved in a personal or corporate bankruptcy?

No Yes

If yes, give full particulars including, the date of discharge, and the trustee's name and phone number

7. Does the applicant have any unpaid judgements outstanding?

No Yes

If yes, give full particulars

8. Has the applicant ever been convicted of an offence under the law and not been pardoned?

No Yes

If yes, give full particulars

9. Has the applicant ever been disciplined by a professional/occupation organization?

No Yes

If yes, give full particulars

10. Applicant's Employment History during the past 3 years (Include Periods of Unemployment)

Name of Employer	Address of Employer	Type of Business of Employer	Nature of Employment	Period of Employment (DD/MM/YYYY)
				From: To:
				From: To:
				From: To:
				From: To:
				From: To:

Education Requirements (one of the following)

Master's degree in Audiology and be registered with the Nova Scotia College of Audiologists and Speech-Language Pathologists. Please provide your registration number with the college. Reg # _____

6-month apprenticeship with a licensed hearing aid dealer and successful completion of both the International Licensing Exam (ILE) and the practical exam.

Please note:

If you're currently licensed in another Canadian province or territory (or were previously licensed in another country), unsure about your experience equivalency or can't get your degree information please contact the Business Licensing section for options. Call 902- 424-5552 or email reglicensing@novascotia.ca

I the undersigned hereby confirm the information presented to be correct to the best of my knowledge, agrees to abide by the Acts and Regulations governing the License /Registration- being applied for, and authorizes Service Nova Scotia to verify the information given or supplied as part of this application with the appropriate sources.

Authorized Signature

Signature of Applicant

Date of Application

Name of Applicant (Please Print)

CERTIFICATE OF EMPLOYER OR SPONSOR

I, _____, hereby certify that I reviewed all the information provided by _____, in the foregoing application. I further certify that the Applicant, if granted a license, is authorized to represent _____ and that employment or sponsorship will not commence until I receive his/her/their license certificate.

Authorized Signature

Date of Application

Print Name

Title

Hearing Aid Salesperson New Application
Nova Scotia Business Registry



Return this bill with method of payment checked

Company /Business Name _____

Return To Service Nova Scotia
 PO Box 1529
 Halifax, NS B3J 2Y4

Drop off Access Nova Scotia Centres

Courier 1505 Barrington Street, 6 North Halifax NS B3J 2M4

Total Amount paid \$ _____

Payment Type Cheque Money Order Visa MasterCard American Express

Credit card account number

Card holder's name

Expiry date

Signature

- All payments must be in **CANADIAN** funds and made payable to: **The Minister of Finance**
- Postdated cheques will not be accepted.
- To obtain your new license this application must be submitted with payment
- The submission of an application with payment does not guarantee application approval or license issuance.

Note: For your protection, this page containing financial information will be shredded once processed.