



**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
State Board of Medical Examiners  
Hearing Aid Dispensers Examining Committee  
140 East Front Street, 3rd Floor, P.O. Box 183  
Newark, New Jersey 08625  
(609) 826-7100

**Annual Designated Licensee Affidavit**

Pursuant to N.J.A.C. 13:35-8.10 every corporation, partnership, trust, association or unincorporated business entity operating for the purpose of fitting and dispensing hearing aids shall designate a duly licensed hearing aid dispenser to act as a supervising licensee.

This agreement is to be filed **annually** with the State Board of Medical Examiners, Hearing Aid Dispensers Examining Committee.

I, \_\_\_\_\_, a licensed Hearing Aid Dispenser, License Number  
25MG \_\_\_\_\_, due hereby state that I am the Supervising Licensee of:

\_\_\_\_\_ located at: \_\_\_\_\_  
(Business Name) (Business Address)

I understand by signing this document that I am responsible for assuring that all records are maintained in accordance with N.J.A.C. 13:35-8.16.

\_\_\_\_\_  
Supervising Licensee Signature

\_\_\_\_\_  
Date

**Note:** Any changes shall be submitted to the Board immediately.