



HEARING INSTRUMENT CONSUMER PROTECTION PROGRAM
HEARING INSTRUMENT BUSINESS DISCLOSURE STATEMENT
(225 ILCS 50/5) (from Ch. 111, par 7405)

Business Name

Business Owner's Name

Business Address

Business City, State, ZIP Code

DISPENSERS – Listing of licensed hearing instrument dispensers employed by business.

NAME	LICENSE #	AT LOCATION	
		LESS THAN 8 HRS/WEEK	
_____	_____	YES ____	NO ____
_____	_____	YES ____	NO ____
_____	_____	YES ____	NO ____
_____	_____	YES ____	NO ____
_____	_____	YES ____	NO ____

DISCLOSURE STATEMENT

This company complies with the Hearing Instrument Consumer Protection Act and the rules promulgated under it, and the regulations of the federal Food and Drug Administration and the Federal Trade Commission, insofar as they are applicable.

Signature

Date

Printed Name

Filed with the Illinois Department of Public Health, Hearing Instrument Program, 535 W. Jefferson St., Third Floor, Springfield, IL 62761, prior to doing business in Illinois and by July 1 of each calendar year thereafter and anytime there are changes in information provided.

