



Hearing Aid Dealers Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: HearingAidDealers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/HearingAidDealers

Hearing Aid Dealer Request of Return of Cash Deposit Instructions

The proper signature on the release form is determined by the following:

1. If the company that employed the hearing aid dealer was a sole proprietorship at all times during the effective period of the cash bond, the owner's signature must be notarized on this form;
2. If the company that employed the hearing aid dealer was a partnership at any time during the effective period of the bond, EACH partner must complete a separate copy of this form and all forms must be submitted directly to the Division of Corporations, Business and Professional Licensing;
3. If the company that employed the hearing aid dealer was a corporation at all times during the effective period of the cash deposit, the signature of an officer of the corporation must be notarized.

According to AS 08.55.030, the company that employed a hearing aid dealer that has filed a cash deposit as bond may request the return of the deposit by filing a notarized statement three years after the cash deposit has ceased to function as the bond for the hearing aid dealer. The notarized statement must:

1. Request the return of the cash deposit;
2. Certify that the former dealer has not been engaged in business as a hearing aid dealer for at least three years, OR that the cash deposit was replaced by a surety bond effective at least three years before the request for release, in which case the original surety bond and its power of attorney must be on file with the state; **and**
3. Certify that to the best of the dealer's knowledge, no action has been commenced upon the cash deposit which has not been dismissed or reduced to final judgment which has been satisfied.

The three-year holding period begins with one of the following:

1. The lapse without reinstatement of the dealer's license; **or**
2. The effective date of a surety bond which replaces the cash deposit; **or**
3. The date the Division of Corporations, Business and Professional Licensing receives a notarized statement from the dealer that s/he has ceased doing business as a hearing aid dealer and returns the current, original hearing aid dealer's license and business license for cancellation.



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

AUD

FOR DIVISION USE ONLY

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Licensee Name:		License Number:	
Email Address:		Contact Phone:	
Mailing Address:	P.O. Box or Street	City	State Zip
Business Name:			
Business Address:	Street	City	State Zip
Bank Name:			
Bank Address:	Street	City	State Zip

The undersigned:

- requests the return of the cash deposit which was posted as a bond for a hearing aid dealer license and certifies that the former licensee has not been engaged in business as a hearing aid dealer for at least three years;
- or -
- certifies that the cash deposit has been replaced by a surety bond which has an effective date of _____;
- certifies that to the best of the requestor's knowledge, no action has been commenced upon the cash deposit which has not been dismissed or reduced to a final judgment which has been satisfied.

Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:		Date Signed:	
	Notary Public for State of:		Subscribed and Sworn to Before me on:	
	Notary Signature:		My Commission Expires:	