

SCHEDULE
(Section 8)

PROVINCE OF MANITOBA

HEARING AID DEALER
CERTIFICATE

This is to certify that

of (address for service in Manitoba)

is certified by The Hearing Aid Board as a HEARING AID DEALER Under *The Hearing Aid Act* of Manitoba.

This certificate evidences _____ certification and authorizes the
person named herein to provide the following services of section 4 of *The Hearing Aid Act*:

ISSUED _____, 19 ____ at Winnipeg, Manitoba EXPIRES _____, 19 ____

Secretary, The Hearing Aid Board

Chairperson, The Hearing Aid Board