
SECTION III – EXAMINATION (continued)

Date of examination:

DAY	MONTH	YEAR							

(To choose an exam date, please consult the *Calendar of examinations* on the OACIQ website at: oaciq.com/exams. For the registration deadline, click on the *Details* button. The examination date will be confirmed by letter, depending on availability.)

Place of examination: _____

Request for accommodation measures: Yes No If so, please complete the *Request for accommodation* form (available on our oaciq.com/becoming-broker website)

Examination fees are not refundable, UNLESS YOU CANCEL YOUR REQUEST BEFORE THE EXAMINATION SESSION. In this case, note that FEES RELATED TO THE CANCELLATION AND TO THE CLOSING OF THE FILE WILL BE RETAINED.

SECTION IV – TRAINING

Name of educational institution: _____

Name and code of training program: _____

SECTION V – DOCUMENTS TO BE PROVIDED

When submitting your exam application, it is important to attach all required documents to the duly completed and signed form, along with the applicable fees. **ONLY COMPLETE APPLICATIONS WILL BE PROCESSED.**

(You must provide the following documents, unless you have already submitted them to the OACIQ.)

1. PROOF OF IDENTITY

a) If you are a Canadian citizen:

- Copy of your act or certificate of birth; or
- Copy of your certificate of Canadian citizenship.

b) If you are not a Canadian citizen:

- Copy of the document issued by Canadian immigration authorities certifying your permanent resident status; or
- Copy of the work licence issued by Canadian immigration authorities.

2. PROOF OF TRAINING

A copy of your official transcript (verdict) certifying that a basic training program recognized by the OACIQ has successfully been completed. Please note that this transcript must be sent to the OACIQ by the applicant only.

SECTION VI – DECLARATION AND SIGNATURE

By registering for the exams administered by the OACIQ, I acknowledge that:

- a) the OACIQ's mission is to protect the public;
- b) skills assessment is one of the OACIQ's obligations enabling it to accomplish its mission;
- c) the aim of the OACIQ's exams is to assess the skills required to practise the profession and protect the public;
- d) the assessment of candidates' skills must be done fairly and equitably;
- e) examinations are the property of the OACIQ and it is the sole owner of all copyrights related to these examinations;
- f) I will not be able to see or have access to my corrected exam copy, which is the property of the OACIQ.

Therefore, I understand that the below-mentioned acts infringe the OACIQ's copyright and the fulfilment of its mission and that I must not copy, in whole or in part:

- a) any exam question;
- b) disclose in any way information related to exam questions.

This declaration remains valid after obtaining the licence for which I am applying.

! PRIVACY PROTECTION

The information collected in this form is necessary to allow us to process your request. You must provide all the information that is requested.

The OACIQ protects the privacy of all personal information provided, in accordance with the applicable legislation. Only OACIQ staff may access this information, and only to the extent required by their role. This information will be used exclusively for purposes of application of the *Real Estate Brokerage Act*, CQLR, c.C-73.2, and its regulations. It can be used for other purposes, in the cases prescribed by law. It may be transferred to other individuals or organizations only to the extent authorized by law, or with your consent.

The information and records that the Organization has on you are kept at its head office. Subject to certain reservations, the law authorizes you to access and request corrections to this information.

I declare that I have read this declaration and agree to its terms. In addition, I declare that all the information contained in this application is accurate and I understand that any misrepresentation will result in the revocation of my licence. **I agree to notify the OACIQ immediately of any changes to this information.**

X

SIGNATURE

Date:

DAY	MONTH	YEAR			

SECTION VII – PAYMENT OF FEES

Please fill out the payment form.

To determine applicable fees, please visit the OACIQ's website at: synbad.com/fees.

Amount due (including taxes): \$.

File or licence No:
(IF APPLICABLE)

METHOD OF PAYMENT:

**debit / Interac
cash**
(payable at the OACIQ only)

**by cheque
by money order**
(to the order of OACIQ)

credit card
(fill in the fields on the right)

Visa MasterCard – – –
CARD NUMBER

EXPIRATION (MM/YY)

CVV/CVC

The CVV/CVC is a three-digit code located on the back of your credit card.

Name of cardholder (if different from applicant)

CARDHOLDER'S SIGNATURE

PLEASE SEND YOUR PAYMENT AND DOCUMENTS
to the Education Department by email at EXAMEN@OACIQ.COM,
by mail or by fax to any of the contact information
indicated below.

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