



## APPLICATION TO TAKE A SUPPLEMENTAL EXAMINATION

### IMPORTANT

You must send this duly completed form to any of the **contact details indicated on page 3** of this form. **To send documents electronically, it is mandatory to send your documents IN A SINGLE EMAIL to [examen@oaciq.com](mailto:examen@oaciq.com), otherwise your application will not be processed.**

### SECTION I – IDENTIFICATION

Mr. Mrs.

File Number:

Name:

LAST NAME

FIRST NAME

Home address:

NUMBER

STREET

APARTMENT

MUNICIPALITY

PROVINCE

POSTAL CODE

AREA CODE

TELEPHONE NO. (HOME)

AREA CODE

TELEPHONE NO. (CELL)

Email address:

### SECTION II – SUPPLEMENTAL EXAMINATION

Date of examination:

DAY

MONTH

YEAR

(The date selected by the OACIQ will be confirmed by mail, based on availability and once your file is complete. Please consult the *Calendar of examinations* on the OACIQ website at: [oaciq.com/exams](http://oaciq.com/exams).)

Type of examination: Residential real estate broker      Commercial real estate broker      Agency executive officer  
Interprovincial

Language of examination: French      English

Requested place of examination:

### SECTION III – DECLARATION AND SIGNATURE

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

- the OACIQ's mission is to protect the public;
- skills assessment is one of the OACIQ's obligations enabling it to accomplish its mission;
- the aim of the OACIQ's exams is to assess the skills required to practise the profession and protect the public;

RESERVED FOR THE OACIQ

RECEIPT STAMP

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**SECTION III – DECLARATION AND SIGNATURE (continued)**

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- 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.

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**SECTION III – DECLARATION AND SIGNATURE (continued)**

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**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			

**Please sign the form AFTER  
completing ALL the sections.**

## SECTION IV – PAYMENT OF FEES

Please fill out the payment form.

To determine applicable fees, please visit the OACIQ's website at: [synbad.com/fees](http://synbad.com/fees).

Amount due (including taxes):

\$      .

File or licence No:

(IF APPLICABLE)

### METHOD OF PAYMENT:

**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)

**X**

CARDHOLDER'S SIGNATURE

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

**Organisme d'autoréglementation du courtage immobilier du Québec**

4905 Lapinière Blvd., Suite 2200, Brossard (Québec) J4Z 0G2

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