



EDUCATION DEPARTMENT  
**REQUEST FOR EXAMINATION GRADE REVIEW**

### 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.

Licence No.:

Name:

LAST NAME FIRST NAME

Date of birth:

DAY MONTH YEAR

Home address:

NUMBER STREET APARTMENT

MUNICIPALITY PROVINCE POSTAL CODE

AREA CODE HOME PHONE NO. AREA CODE TELEPHONE NO. (CELL)

Email address:

### SECTION II – GRADE REVIEW

I hereby request the OACIQ to review my examination.

Date of examination:

DAY MONTH YEAR

Please note that you must send this request to the OACIQ no later than the 15<sup>th</sup> day following the date on which the letter of results was mailed.

**X** \_\_\_\_\_  
SIGNATURE

Date:

DAY MONTH YEAR

**RESERVED FOR THE OACIQ**

**RECEIPT STAMP**

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## SECTION III – DECLARATION AND SIGNATURE

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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**  
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