

#### **EDUCATION DEPARTMENT**

### **EXAMINATION APPLICATION**

#### **IMPORTANT**

website at: oaciq.com/becoming-broker.)

You must send this duly completed form along with ALL the documents listed in section V below to any of the contact details indicated on page 4 of this form. To send documents electronically, it is mandatory to send your documents IN A SINGLE EMAIL to <a href="mailto:examen@oaciq.com">examen@oaciq.com</a>, otherwise your application will not be processed.

Mr.	Mrs.													Date	of	birth	ı: L	DAY	Ц,				YEAR	
lame at bir	th:																	DAI		vio i vi i i			ILAK	
AST NAME										FIRST	NAME													
Address:																								
UMBER		STREET									. 1	l .							APT 	. / sur	TE / PR	REMIS	ES	
UNICIPALITY												PROVIN	_						POS	STAL CO	DDE			
1 1	1 , ,		1	1		1	1	1	1															
REA CODE	TELEPHONE NUME	L L			_	REA CODI	:	TELEPHO	NE NUM	DED (CEI														
imail addro						CA OOD			NE NOME	SER (OEI									_					
ECTION	ess:	IUMB																	_					
<b>SECTION</b> f it has alrea	II - FILE N	IUMB	ou, ple		dicate	your	île nı	umber (	or you	r synt	oad.c					r; or	f you	have	or h	nave	ever	r be	en is	sued
<b>SECTION</b> f it has alrea	ess:	IUMB	ou, ple		dicate	your	île nı	umber (	or you	r synt	oad.c					r; or	f you	have	or h	nave	ever	r be	en is	sued
f it has alrea	II - FILE N	IUMB	ou, ple		dicate	your	île nı	umber (	or you	r synt	oad.c					r; or	f you	have		nave	ever	r be	en is	sued
SECTION  If it has alrea	II - FILE N	en to yo	ou, ple		dicate	your	île nı	umber (	or you	r synt	oad.c					r; or	f you	have	• or t	nave	ever	r be	en is	sued
SECTION  If it has alrea	II – FILE Nady been give e OACIQ or a	en to you	ou, ple	y the	ndicate ACAIC	your t	iile nu	umber o	or you	r synt	oad.c	ce or	certif	ficate		r; or		have					en is	suec

All examination answers must be written in the language chosen at the time of registration (English or French). For example if a candidate applied for the French examination session, only those answers written in French will be corrected.

SECTION III – EXAMINATION (continu	ed)		
Date of examination:	YEAR	(To choose an exam date, please consult the <i>Calendar of examinations</i> on the OACIC website at: <b>oaciq.com/exams</b> . For the registration deadline, click on the <i>Details</i> 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 <i>Request for accommodation</i> form (available on our <b>oaciq.com/becoming-broker</b> website)	
The corrected examination paper is not access	ssible, as it is	s the property of the OACIQ.	
Examination fees are not refundable, UNLESS FEES RELATED TO THE CANCELLATION AND		EL YOUR REQUEST BEFORE THE EXAMINATION SESSION. In this case, note that OSING OF THE FILE WILL BE RETAINED.	
SECTION IV – TRAINING			
Name of educational institution:			

#### **SECTION V - DOCUMENTS TO BE PROVIDED**

When submitting your exam application, it is important to attach all required documents, in PDF format, 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:

Name and code of training program: \_

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.

IMPORTANT - Your proof of identity must be valid when applying for a licence, otherwise the licence will not be issued.

#### SECTION VI - CONSENT, 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.

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.

### II CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The OACIQ protects the privacy of information it collects in accordance with the applicable legislation and its personal information governance policies. The OACIQ collects your personal information via this form. This information is necessary and it will be used for the following purposes:

- Verification of your identity.
- Processing of your application for the OACIQ certification exam.
- Processing of your application for OACIQ licence issuance to ensure that your application meets the conditions set forth in the regulations.
- Ensuring the integrity of the examination process when the OACIQ uses information technologies to identify you, capture, record, retrieve, analyze and release video images, among other things.
- Where applicable, disclosing personal information to a third-party provider of online examination software, but only to the extent warranted by the contract signed between the OACIQ and this third party.
- · Payment of your application fee.

Where applicable, your personal information may be used to oversee your practice by OACIQ staff members whose duties so require.

The payment information collected via this form is destroyed once the processing of your application is completed.

In some cases prescribed by law, your personal information may be used for purposes other than those described above or disclosed to third parties without your consent.

Your personal information may be disclosed to a third-party online examination software provider located outside Québec.

### Right of access and correction

Subject to certain reservations, the law authorizes you to access your personal information. You may request corrections to your personal information held by the OACIQ if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized by law.

#### SECTION VI - CONSENT, DECLARATION AND SIGNATURE (continued)

# ■ CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION (continued)

#### Consequences of refusal

This collection of your personal information is necessary to process your application. In the event that you withdraw your consent to the collection, use, or disclosure of your personal information, the OACIQ will not be able to receive or process your application.

#### Consent

I CONFIRM that I have read and understood the information regarding the collection, use and disclosure of my personal information. I consent to the collection, use and disclosure of my personal information by the OACIQ or by the OACIQ's third-party provider in the case of an online examination.

I DECLARE that all the information contained in this form is accurate and I understand that any misrepresentation will result in the revocation of my licence. I undertake to notify the OACIQ immediately of any change to this information.

X	Date:	l ı		
SIGNATURE		DAY	MONTH	YEAR

Please sign the form AFTER completing ALL the sections.

#### **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**.

нор о	F PAYMENT	
REDIT C	ARD or (	CHEQUE OR MONEY ORDER (to the order of OACIQ)
isa ISA	MasterCard  MasterCard	CARD NUMBER  The CVV/CVC is a three-digit code located on the back of your credit card.  EXPIRATION (MM/YY) CVV/CVC
e of card	holder (if differe	ent from applicant)

# PLEASE SEND YOUR PAYMENT AND DOCUMENTS

to the Education Department by email at <a href="mailto:EXAMEN@OACIQ.COM">EXAMEN@OACIQ.COM</a>, 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

Tel.: 450-462-9800 or 1-800-440-7170 • Fax: 450-676-3513 • examen@oaciq.com • oaciq.com