Examination Application 2024



601-1595 Bedford Highway, Bedford, Nova Scotia, B4A 3Y4

Phone: 902-468-3511 800-390-1015 Fax: 902-468-1016 800-390-1016

Website: nsrec.ns.ca licensing@nsrec.ns.ca

Registration: Complete this exam application and credit card authorization and email it to Pam Crane, Licensing Officer, licensing@nsrec.ns.ca. <u>Applications must be submitted no later than 4pm seven calendar days before your scheduled exam date.</u>

Exam Location: Best Western, Chardonnay Rooms, 15 Spectacle Lake Dr, Dartmouth, NS B3B 1X7.

Exam Results: Results will be sent by email approximately 20 business days after the exam was written.

Exam Fee: \$115.00 tax included

| PART A APPLICANT INFORMATIO | N | | | | |
|--|-------------------------------|----------------------|-------------|--|--|
| LAST NAME | FIRST NAME | | | FOR INT | ERNAL USE |
| ADDRESS | | | Aŗ | oproved By | |
| CITY | PROVINCE | POSTAL CODE | | ACCOM | MODATIONS |
| PRIMARY PHONE | ALTERNATE PHONE | | di | The host hotel is offering a discounted rate for students requiring overnight accommod | |
| EMAIL ADDRESS | | | da | ations. The | rate per night is t - May and \$139 |
| TYPE OF EXAM Salesperson Broker | | | fro | | Sept. Contact the ern for details. |
| <u>'</u> | VRITTEN THE EXAM BEFORE? | IF YES, WHEN?: | | | |
| ☐ In Class ☐ Online ☐ Yes | s 🗖 No | | | | |
| Monday, April 8 1pm - 4pm ☐ | Monday, July 8 | 1pm - 4pm □ | Tuesday, Od | ctober 8 | 1pm - 4pm □ |
| Monday, May 6 1pm - 4pm □ | Monday, August 12 | 1pm - 4pm □ | Monday, No | vember 4 | 1pm - 4pm 🖵 |
| Monday, June 3 1pm - 4pm □ | Monday, September 9 | 1pm - 4pm □ | Monday, De | cember 2 | 1pm - 4pm 🗖 |
| Once your exam application is processed, the | time, date, and location will | be confirmed on your | receipt. | | |
| | | | | | |
| | | | | | |
| PART B DECLARATION | | | | | |

| In accordance with the By-law, I have completed the licensing course prior to submitting this exam application. I understand that if |
|--|
| I submit this application prior to completing the course, my exam registration will be delayed. |

- ☐ I understand I will not be permited to write if I am under required self-isolation due to COVID-19 on my available exam date.
- ☐ I understand the Commission may require additional COVID-19 safety measures such as wearing a mask or providing proof of full vaccination. I agree to abide by any and all safety measures in place at the time of my exam.
- ☐ I understand that submitting false information on an application to the Commission may jeopardize my eligibility to become licensed.

APPLICANT'S SIGNATURE

Credit Card Authorization Form



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Website:

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Effective April 1, 2016, HST applies to all licensing, exam, audit/inspection and recovery fund fees.

| CREDIT CARD DETAILS | THE RESERVE | CANADA OLIVERA | | | | |
|--|----------------|---------------------|--|--|--|--|
| TYPE OF CARD AMEX MasterCard VISA* | | | | | | |
| CARD NUMBER | | V-CODE | | | | |
| NAME ON CARD | | EXPIRY DATE (MM/YY) | | | | |
| BILLING ADDRESS | CITY/TOWN | PROV / POSTAL CODE | | | | |
| *The Commission cannot process VISA DEBIT cards with this form. I hereby authorize the Nova Scotia Real Estate Commission to charge my credit card for: | | | | | | |
| | | | | | | |
| (i.e. exam fee, licensing fees, reinstatement of licence, fines, licence renewals, etc.) | | | | | | |
| 58 | - : | | | | | |
| CARDHOLDER SIGNATURE | | | | | | |