

Examination Application 2021



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

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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. Submit your application no later than the Friday before your scheduled exam date.

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

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

Exam Fee: \$115.00 tax included

PART A | APPLICANT INFORMATION

LAST NAME		FIRST NAME		FOR INTERNAL USE
ADDRESS				
CITY		PROVINCE	POSTAL CODE	ACCOMMODATIONS The Best Western hotel, Dartmouth, is offering a discounted rate of \$99 per night for students requiring overnight accommodations. Contact the Best Western for details.
PRIMARY PHONE		ALTERNATE PHONE		
EMAIL ADDRESS				
TYPE OF EXAM <input type="checkbox"/> Salesperson <input type="checkbox"/> Broker				
TYPE OF COURSE COMPLETED <input type="checkbox"/> In Class <input type="checkbox"/> Online		HAVE YOU WRITTEN THE EXAM BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, WHEN?:
CHECK <u>MORNING OR AFTERNOON</u> . IF YOU ARE AVAILABLE TO WRITE MORNING AND AFTERNOON, CHECK BOTH.				
October 8		Morning <input type="checkbox"/> Afternoon <input type="checkbox"/>		
November 12		Morning <input type="checkbox"/> Afternoon <input type="checkbox"/>		
December 10		Morning <input type="checkbox"/> Afternoon <input type="checkbox"/>		
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 will not be under a required self-isolation order due to travel outside Nova Scotia on my available exam dates.
- I will complete and submit the COVID-19 Screening Declaration by 4pm the day before my scheduled exam date or I will not be permitted to write.
- If I have any of the symptoms listed on the COVID-19 Screening Declaration the day of my scheduled exam I will cancel and reschedule the exam after I have tested negative for COVID-19 or have been symptom free for 10 days.
- I understand the Commission is continuing to require masks for exams and will wear a mask for the duration of the exam.
- I understand that submitting false information on an application to the Commission may jeopardize my eligibility to become licensed.

APPLICANT'S SIGNATURE _____