

# Examination Application 2022



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. 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		<b>FOR INTERNAL USE</b>	
ADDRESS					
CITY		PROVINCE	POSTAL CODE		
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.					
Friday, April 8		Morning <input type="checkbox"/> Afternoon <input type="checkbox"/>		Friday, July 8      1pm - 4pm <input type="checkbox"/>	
Thursday, May 12		Morning <input type="checkbox"/> Afternoon <input type="checkbox"/>		Friday, August 12      1pm - 4pm <input type="checkbox"/>	
Friday, June 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 understand I will not be permitted to write if I am under required self-isolation due to COVID-19 on my available exam date.
- I will complete and submit the COVID-19 Screening Declaration 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 until I have tested negative for COVID-19 or have been symptom free for 10 days.
- 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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Effective April 1, 2016, HST applies to all licensing, exam, audit/inspection and recovery fund fees.

## CREDIT CARD DETAILS

TYPE OF CARD		
<input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> 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:

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(i.e. exam fee, licensing fees, reinstatement of licence, fines, licence renewals, etc.)

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CARDHOLDER SIGNATURE