

Examination Application 2025



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 & credit card authorization and email it to Pam Crane at licensing@nsrec.ns.ca.

Application Deadlines: Applications for the November writing must be submitted no later than 4pm on November 7.

Applications for the December writing must be submitted no later than 4pm on November 27.

Exam Location: NSREC Office - 1595 Bedford Highway, Suite 601, Bedford.

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

Exam Fee: \$114.00 tax included

PART A | APPLICANT INFORMATION

LAST NAME		FIRST NAME		FOR INTERNAL USE
ADDRESS				
CITY	PROVINCE	POSTAL CODE		Approved By
PRIMARY PHONE		ALTERNATE PHONE		
EMAIL ADDRESS				
TYPE OF EXAM <input type="checkbox"/> Salesperson <input type="checkbox"/> Broker				
TYPE OF COURSE COMPLETED		HAVE YOU WRITTEN THE EXAM BEFORE?		IF YES, WHEN?:
<input type="checkbox"/> In Class <input type="checkbox"/> Online		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Thursday, November 13		9am - 12pm <input type="checkbox"/>		Thursday, December 4
Thursday, November 13		1pm - 4pm <input type="checkbox"/>		Thursday, December 4
				9am - 12pm <input type="checkbox"/>
				1pm - 4pm <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 that if I submit this application prior to completing the course, my exam registration will be delayed.
- ☐ 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 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:

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

CARDHOLDER SIGNATURE