

# Examination Application 2025



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. Applications must be submitted no later than 4pm seven calendar days 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 business days after the exam was written.

**Exam Fee: \$114.00 tax included**

## PART A | APPLICANT INFORMATION

LAST NAME		FIRST NAME		<b>FOR INTERNAL USE</b>
ADDRESS				
CITY	PROVINCE	POSTAL CODE		<b>ACCOMMODATIONS</b> The host hotel is offering a discounted rate 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		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		
<b>Monday, May 12</b>	<b>1pm - 4pm</b>	<input type="checkbox"/>	<b>Monday, August 11</b>	<b>1pm - 4pm</b> <input type="checkbox"/>
<b>Monday, June 9</b>	<b>1pm - 4pm</b>	<input type="checkbox"/>	<b>Monday, September 15</b>	<b>1pm - 4pm</b> <input type="checkbox"/>
<b>Monday, July 14</b>	<b>1pm - 4pm</b>	<input type="checkbox"/>	<b>Monday, October 20</b>	<b>1pm - 4pm</b> <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 \_\_\_\_\_