



## APPLICATION TO TAKE A SUPPLEMENTAL EXAMINATION

### IMPORTANT

You must send this duly completed form to any of the **contact details indicated on page 3** of this form. **To send documents electronically, it is mandatory to send your documents IN A SINGLE EMAIL to [examen@oaciq.com](mailto:examen@oaciq.com), otherwise your application will not be processed.**

### SECTION I – IDENTIFICATION

Mr. Mrs.

File Number:

Name:

LAST NAME

FIRST NAME

Home address:

NUMBER

STREET

APARTMENT

MUNICIPALITY

PROVINCE

POSTAL CODE

AREA CODE

TELEPHONE NUMBER (HOME)

AREA CODE

TELEPHONE NUMBER (CELL)

Email address: \_\_\_\_\_

### SECTION II – SUPPLEMENTAL EXAMINATION

Date of examination:

DAY

MONTH

YEAR

(The date selected by the OACIQ will be confirmed by mail, based on availability and once your file is complete. Please consult the *Calendar of examinations* on the OACIQ website at: [oaciq.com/exams](http://oaciq.com/exams).)

Type of examination: Residential real estate broker  
Interprovincial

Commercial real estate broker

Agency executive officer

Language of examination: French English

Requested place of examination: \_\_\_\_\_

The corrected examination paper is not accessible, as it is the property of the OACIQ.

### SECTION III – DECLARATION AND SIGNATURE

By registering for the exams administered by the OACIQ, I acknowledge that:

- a) the OACIQ's mission is to protect the public;
- b) skills assessment is one of the OACIQ's obligations enabling it to accomplish its mission;
- c) the aim of the OACIQ's exams is to assess the skills required to practise the profession and protect the public;
- d) the assessment of candidates' skills must be done fairly and equitably;
- e) examinations are the property of the OACIQ and it is the sole owner of all copyrights related to these examinations.

Therefore, I understand that the below-mentioned acts infringe the OACIQ's copyright and the fulfilment of its mission and that I must not copy, in whole or in part:

- a) any exam question;
- b) disclose in any way information related to exam questions.

This declaration remains valid after obtaining the licence for which I am applying.

#### **I CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION**

The OACIQ protects the privacy of information it collects in accordance with the applicable legislation and its personal information governance policies. The OACIQ collects your personal information via this form. This information is necessary and it will be used for the following purposes:

- Verification of your identity.
- Processing of your application to retake the OACIQ certification exam.
- Processing of your application for OACIQ licence issuance to ensure that your application meets the conditions set forth in the regulations.
- Payment of your application fee.

Where applicable, your personal information may be used to oversee your practice by OACIQ staff members whose duties so require.

The payment information collected via this form is destroyed once the processing of your application is completed.

In some cases prescribed by law, your personal information may be used for purposes other than those described above or disclosed to third parties without your consent.

#### **Right of access and correction**

Subject to certain reservations, the law authorizes you to access your personal information. You may request corrections to your personal information held by the OACIQ if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized by law.

#### **Consequences of refusal**

This collection of your personal information is necessary to process your application. In the event that you withdraw your consent to the collection, use or disclosure of your personal information, the OACIQ will not be able to receive or process your application.

#### **Consent**

I CONFIRM that I have read and understood the information regarding the collection, use and disclosure of my personal information.  
**I consent to the collection, use and disclosure of my personal information by the OACIQ.**

I DECLARE that all the information contained in this form is accurate and I understand that any misrepresentation will result in the closing of my file. **I undertake to notify the OACIQ immediately of any change to this information.**

**X**

SIGNATURE

Date: 

DAY	MONTH						YEAR			

**Please sign the form AFTER  
completing ALL the sections.**

**SECTION IV – PAYMENT OF FEES**

Please fill out the payment form.

To determine applicable fees, please visit the OACIQ's website at [synbad.com/fees](http://synbad.com/fees).

AMOUNT DUE (including taxes): \$      ,

File or licence Number:        
(IF APPLICABLE)

**METHOD OF PAYMENT**

CREDIT CARD or CHEQUE OR MONEY ORDER (to the order of OACIQ)

Visa

MasterCard



-      -      -

CARD NUMBER

EXPIRATION (MM/YY)

cvv/cvc

*The CVV/CVC is a three-digit code located on the back of your credit card.*

Name of cardholder (if different from applicant)

**X**

CARDHOLDER'S SIGNATURE

**PLEASE SEND YOUR PAYMENT AND DOCUMENTS**

to the Certification Department by email at [EXAMEN@OACIQ.COM](mailto:EXAMEN@OACIQ.COM),  
by mail or by fax to any of the contact information  
indicated below.

**Organisme d'autoréglementation du courtage immobilier du Québec**

4905 Lapinière Blvd., Suite 2200, Brossard (Québec) J4Z 0G2

Tel.: 450-462-9800 or 1-800-440-7170 • Fax: 450-676-7278 • [examen@oaciq.com](mailto:examen@oaciq.com) • [oaciq.com](http://oaciq.com)