

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 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		FOR INTERNAL USE	
ADDRESS					
CITY		PROVINCE	POSTAL CODE		ACCOMMODATIONS 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			
Monday, January 20		1pm - 4pm		<input type="checkbox"/>	
Monday, February 10		1pm - 4pm		<input type="checkbox"/>	
Monday, March 10		1pm - 4pm		<input type="checkbox"/>	
Monday, April 14		1pm - 4pm		<input type="checkbox"/>	
Monday, May 12		1pm - 4pm		<input type="checkbox"/>	
Monday, June 9		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