Global Education in Tourism Ltd.

Tourism Training Institute
301-1245 West Broadway, Vancouver BC, V6H 1G7
Phone: (604) 736-7008 ext. 332/300 Fax: (604) 736-7723
WEBSITE: www.tourismti.com Email: inxm@tourismti.com

INSURANCE LICENSING EXAM REGISTRATION FORM --- OUT OF TOWN AGENT

GENERAL INFORMATION:

- Incomplete registration form will not be processed. Payment, email address & SIN # must accompany form.
- Once your registration has been processed for online exams, you will receive a confirmation email with your Web ID and password. Please take note of this information as you will need it to log-in on the day of your exam.
- Registration must be received at least 5 business days prior to exam date.
- The pass mark set by the Insurance Council is 70%. Instructions for rewriting the exam are:
  - First rewrite – waiting period 1 day
  - Second rewrite – waiting period at least 1 month
  - Third and subsequent rewrites – waiting period at least 6 months

An infraction of the waiting period will nullify and void your rewrite exam results.

STUDY MANUAL:

- The study manual is available on our website www.tourismti.com. If you would like a hard copy, please include an additional $3 to your registration fee, and it will be mailed to you thru Canada Post. (NOTE: Registration forms and study manuals will not be processed without payment- ALL PAYMENTS MUST BE RECEIVED AT TIME OF REGISTRATION.)

AGENT INFORMATION:

Mr. / Mrs. / Ms. / Miss NAME: _____
(First) (Initial) (Last)

E-mail Address: _____ SIN: _____
Company: _____
Business Address: _____
City: _____ Postal Code: _____
Phone number: (_____)_____ Fax number: (_____)_____

REGISTRATION FEE: (please ✓ accordingly)

☐ $55 - ALL Online exam (First time and rewrites)
☐ $40 – ALL Pen & Paper exam (First time and rewrites)
☐ **AND $29** - courier fee for Pen & Paper exam ONLY * (inclusive of GST) must be paid and included with this registration. Note that you are responsible for any future billing adjustments made by the courier company.
☐ $3 – Study Manual (hard copy)

FORM OF PAYMENT:

☐ cheque enclosed (we DO NOT accept Diners Club)
OR
Credit Card Number: _____ Expiry: _____
Cardholder's Name: _____
Cardholder's Signature: _____

PROCTOR INFORMATION:

All proctors must be able to guarantee passport applications. The Proctor's Position field MUST be filled in. Any charges incurred from proctoring are between the proctor and you.

Name: _____
Company: _____ Position: _____
E-mail Address: _____
Business Address: _____
City: _____ Postal Code: _____
Phone number: (_____)_____ Fax number: (_____)_____

LOCATION OF EXAM:

☐ Proctor's business address ☐ Your business address

EXAM DATE REQUESTED:

☐ Online ☐ Pen & Paper
Date: _____ Time: _____

*Exam dates are subject to change based on availability. Exams must be between 9:30am-3pm.