



ASSOCIATION OF CONDOMINIUM MANAGERS OF ONTARIO

2233 Argentia Road, Suite 304, Mississauga, Ontario, L5N 2X7 / Tel: 905-826-6890, 1-800-265-3263 Fax: 905-826-4873
www.acmo.org info@acmo.org

REQUEST FOR CHALLENGE EXAM

Name of Applicant: _____ Employer: _____

Address: _____

Telephone - Business: _____ Telephone Residential: _____

E Mail Address: _____

Please provide the following pieces of information:

- i. An up-to-date curriculum vitae or resume; and
- ii. An arms-length third party confirmation from management at the company you worked for OR two (2) or more individuals who served as board members at a condominium corporation where you were engaged or a condominium corporation Board of Directors confirming that you are or have worked for a period of at least five consecutive (5) years prior to November 1, 2017 as a full-time property manager.

- 1) *The applicant is applying to take a Challenge exam (\$250 sitting fee for each exam) for each course(s) and 75% is considered a passing mark.*
- 2) *There is an optional fee for the purchase of each Course textbook.*

Financial Management Physical Building Management Condominium Law Condominium Administration & Human Relations All four subjects

Exam(s) Total: \$ _____ Course Textbook(s) Total: \$ _____ 5% GST: \$ _____

Total Amount enclosed: \$ _____ (GST REGISTRATION NUMBER: R 123820417)

Check payment method: Visa MasterCard Amex Cheque (Payable to ACMO)

Print Cardholder name: _____

Card No: _____ Expiry Date: _____

Signature: _____

Please send me a receipt – NOTE: Credit card charges appear on your statement as BB&C Management Services.

I, the undersigned, hereby confirm that the foregoing information together with any enclosures or additional information are true and accurate as of the date hereof.

I understand that the opportunity to write any challenge exam may only be granted once. I understand that after writing the challenge exam, if I am unsuccessful in obtaining the required passing grade, I shall be required to complete the requisite ACMO course.

I understand and consent to ACMO sharing whether I passed or failed the challenge exam(s) with the CMRAO for the purposes of confirming information on my licence application.

The applicant hereby consents to ACMO utilizing personal information for the purpose outlined therein including for the purpose of collecting payment, invoicing, creating a list of members, advising the party of information that may be of interest to him/her.

Date _____

Signature of Applicant _____