

WAITLIST FORM(for eligibility check)

FULL NAME (print or type)

EMAIL ADDRESS

FULL MAILING ADDRESS (print or type)

HOME PHONE #

WORK PHONE #

<input type="checkbox"/> General (Property & Casualty exams) Location in which you wish to write (Halifax or Regional Offices) Have you written the exam before? () No () Yes If yes, when? _____	<input type="checkbox"/> LLQP Accident & Sickness * LLQP EXAMS ARE ONLY OFFERED IN THE HALIFAX AREA Please indicate exam(s) to be written: <input type="checkbox"/> LLQP Accident & Sickness <input type="checkbox"/> LLQP Ethics & Professional Practice Have you written the exam before? () No () Yes If yes, when? _____ Course Provider _____ CIPR # _____ (Make sure you are certified prior to registering)	<input type="checkbox"/> LLQP Life Accident & Sickness * LLQP EXAMS ARE ONLY OFFERED IN THE HALIFAX AREA Please indicate exam(s) to be written: <input type="checkbox"/> LLQP Accident & Sickness <input type="checkbox"/> LLQP Ethics & Professional Practice <input type="checkbox"/> LLQP Life Insurance <input type="checkbox"/> LLQP Segregated Funds & Annuities Have you written the exam before? () No () Yes If yes, when? _____ Course Provider _____ CIPR # _____ (Make sure you are certified prior to registering)
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Signature of Applicant (eSignature is acceptable)

Send the completed form:

- (1) **Via Regular Post:**
 Finance and Treasury Board
 Insurance Licensing - Financial Institutions
 PO Box 2271
 Halifax, NS B3J 3C8
- (2) **Courier:**
 Financial Institutions, 1723 Hollis Street, 4th Floor, Halifax, NS B3J 1V9
- (3) **Drop off Location (Drop box):**
 Lobby, 1723 Hollis St, Halifax, NS, B3J 1V9
- (4) **FAX: 1-902-424-1298**
- (5) **Email: FININST@novascotia.ca OR FIREREPORTS@novascotia.ca**

General (P & C)	2 hours	75%
Accident & Sickness	75 minutes	60%
Ethics & Professional Practice	75 minutes	60%
Life Insurance	75 minutes	60%
Segregated Funds & Annuities	75 minutes	60%

Examination results will **NOT** be given out over the telephone.