

Exam Application

APPLICANT INFORMATION – PLEASE PRINT CLEARLY.

Complete all *mandatory fields and sections which apply to you and ensure you sign the exam application before submitting.

BeautyCouncil Membership Number:		*Last Name:	
*First Name and Middle Name:		*Primary Email:	
*Home Address:			
*City:	Province:	Postal Code:	
*Home Phone:	Cell Phone:	Home Fax:	
Date of Birth: <i>mm/dd/yyyy</i>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Exam (requested): <i>mm/dd/yyyy</i>	

EXAMINATION CATEGORIES AND FEES

ALL CERTIFICATES/CREDENTIALS MUST BE REVIEWED BEFORE EXAM CAN BE BOOKED

HAIRDRESSING	ESTHETICS	NAIL TECHNOLOGY
<input type="checkbox"/> Fully Qualified Hairdressing Program Member price: \$150 + GST = \$157.50 Non-member price: \$250 + GST = \$262.50 <input type="checkbox"/> Fast Track Barbering Program Member price \$100 + GST = \$105.00 Non-member price: \$150 + GST = \$157.50	<input type="checkbox"/> Fully Qualified Esthetics Program Member price: \$150 + GST = \$157.50 Non-member price: \$250 + GST = \$262.50 <input type="checkbox"/> Fast Track Make-Up Artist <input type="checkbox"/> Fast Track Waxing Member price \$100 + GST = \$105.00 Non-member price: \$150 + GST = \$157.50	<input type="checkbox"/> Fully Qualified Nail Technology Program Member price: \$150 + GST = \$157.50 Non-member price: \$250 + GST = \$262.50

CONFIRMATION OF HOURS

PLEASE ATTACH DOCUMENTATION WITH NUMBER OF SCHOOL HOURS TO THIS APPLICATION

School or Salon Name:	
School or Salon Location (city):	Number of Hours Completed to Date (copy of school diploma/certificate required):
Program/Apprenticeship Start Date: <i>mm/dd/yyyy</i>	Program/Apprenticeship End Date: <i>mm/dd/yyyy</i>
School Director, School Owner or School Administrator's Name:	Instructor or Trainer's Name and Signature:

FOR OFFICE USE ONLY

FILE NO.:	EXAM DATE:								
CANDIDATE NO.:	LOCATION:								
\$30, \$65, \$100 Memberships	\$100	\$150	CASH	M. ORDER	OTHER \$	CHEQ	DEB	VISA	M/C

MEMBERSHIP FEE

Hairdresser
 Esthetician
 Nail Technician
 Barber
 Makeup Artist
 Other: _____

<p>Honoree/Trainee \$30.00+GST =\$31.50 <i>Certificate In Individual Name</i></p>	<p>Individual \$65.00+GST =\$68.25 <i>Certificate In Individual Name</i></p>	<p>Company \$100.00+GST =\$105.00 <i>Certificate In Individual & Company Name</i></p>	<p>Company + Individual \$150.00+GST =\$157.50 <i>Certificate In Individual & Company Name</i></p>
<p><input type="checkbox"/> Student Permit*</p> <p><input type="checkbox"/> Apprentice Permit*</p> <p><small>* Proof of eligibility required. Must be currently attending school or be active in an employer-sponsored apprenticeship. Student & apprentice cards come with 1- year free membership. Must include student or apprentice card application, downloadable from www.beautycouncil.ca.</small></p> <p><input type="checkbox"/> Honourable(Over 65+ years of age & retired)</p>	<p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Teacher/Instructor</p> <p><input type="checkbox"/> Sales Representative</p> <p><input type="checkbox"/> Mobile Service</p> <p><input type="checkbox"/> Chair or Space Renter</p> <p><input type="checkbox"/> Currently Not Working In The Industry</p>	<p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Salon/Spa</p> <p><input type="checkbox"/> Manufacturer</p> <p><input type="checkbox"/> Distributor</p> <p><input type="checkbox"/> Home Based Business</p>	<p><input type="checkbox"/> School + Owner</p> <p><input type="checkbox"/> Salon or Spa + Owner</p> <p><input type="checkbox"/> Manufacturer + Owner</p> <p><input type="checkbox"/> Distributor + Owner</p>

Please Note:

- Exam fees must be submitted with this application
- Exam fees are **NON-REFUNDABLE**
- Cheques and Money Orders should be made payable to BeautyCouncil
- Post-dated cheques will NOT be accepted
- A \$20.00 charge will be applied to any NSF cheques

Rescheduling and Retake Fees are subject to the following fees:

- Exam Retake fee: **\$100** Members
- Rescheduling fee: **\$100** unless request accompanied by a doctors' note

STATEMENT OF APPLICANT

I hereby apply for an examination with BeautyCouncil and verify that all information contained in this application is true.

Signature of Applicant

Date (mm/dd/yyyy)

BeautyCouncil is bound by the BC Protection of Information Act and will not provide or offer members' personal information to any third party.

<input type="checkbox"/> Cheque			
<input type="checkbox"/> Money Order	Credit Card Number	Expiry Date(mm/yy)	Security Code
<input type="checkbox"/> VISA			
<input type="checkbox"/> MasterCard	Name of Cardholder		

Signature (as appears on card)

Date (mm/dd/yyyy)