OMVIC Automotive Certification Course - Registration Form

Send completed form by fax to 1-705-722-1524 or by email to OMVIC@GeorgianCollege.ca

Georgian

Please print your name EXACTLY as it appears on your driver's licence

Have you ever registered or applied to Georgian College? ☐ Yes ☐ No Student Number (*if known*): _____

Have you previously taken the OMVIC Automotive Certification Course? ☐ Yes ☐ No

Please provide your VALID OMVIC number, only if you have previously registered for your OMVIC licence: _____

Last Name | First Name (*As shown on your driver's licence*) | Middle Name

Apt./Unit # | Address (*If you want your package delivered to an alternative address, please provide it below in the "Alternative Shipping Address" section.*)

City and Province | Postal Code | Date of Birth (year / month / day)

E-mail Address (*Shipping information and examination results will be sent to this address - please include an address that only you will access for confidential reasons*)

Home Phone | Cell Phone | ☐ Male ☐ Female ☐ Other

Driver's Licence Number | Social Insurance Number (SIN) (**required**)

Domestic Student

Citizenship Status: ☐ Canadian Citizen ☐ Permanent Resident/Landed Immigrant

International Student

☐ Work Permit* ☐ Study Permit* ☐ Visitor Permit*

***Please include a copy of work, study or visitor permit.**

Alternate Shipping Address: Only complete if you would like your package sent to an alternate address. (i.e. dealership/business, home/apartment...)

Dealership/Business Name

Address

City and Province | Postal Code | Business Telephone

OMVIC Automotive Certification Course (Self Study): OMVC 1000

Course Version: ☐ English ☐ French

Course Fee: ☐ **$288.94 (Domestic Student)** ☐ **$563.97 (International Student)**

Method of Payment (check one) – Credit Card ONLY - (Debit and Debit Credit Cards are NOT ACCEPTED **)**

☐ VISA ☐ MasterCard ☐ American Express

Credit Card Expiry Date: ☐☐ ☐☐ (Month / Year)

Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Refund Policy: Full refund, less $30, if written request is received within 10 business days of registration and the test has not been completed.

Cardholder's Full Name: _____

Signature Required

Cardholder's Signature: _____ **Date:** _____

The personal information requested on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than administrative and statistical purposes of the College and/or ministries or agencies of the Government of Ontario and the Government of Canada. Student information and grades will be communicated to the Ontario Motor Vehicle Industry Council (OMVIC) and some information will also be used by the College, solely for educational follow-up. For further information about the information requested on this form or the purpose for which it will be used, please contact The OMVIC Project Office, Automotive Business School of Canada, Room H130, Georgian College, One Georgian Drive, Barrie, ON L4M 3X9

Signature Required

Applicant's Signature: _____ **Date:** _____ ***Note: Registration Form must be signed.***