

Request for Accommodation Application Instructions

Eligibility and qualifying criteria

A registrant may be eligible for accommodation if they have been diagnosed with a disability, such as: a mental or physical impairment, serious injury, or significant ongoing illness that prevents them from physically being able to work and complete their education requirements for registration renewal.

To be considered, requests for accommodation must include the following:

1. A professional diagnosis of current disability, consistent with Section 10(1) of the Ontario Human Rights Code
2. A *Request for Education Accommodation Application* form, completed by both the registrant and their regulated health care professional
3. Details regarding the limitations associated with the disability, how it directly impacts the registrant's ability to work and complete their education requirements, and expectations for recovery
4. Verifiable medical documentation, if available
5. An *Application for Renewal: Salesperson/Broker*, completed by the applicant and signed by their employing broker of record

Application procedure

Registrants who qualify under the Ontario Human Rights Code can apply by following these steps:

Step 1: Complete Part 1 of the *Request for Education Accommodation Application form*

Step 2: Have your regulated health care professional complete Part 2 of the *Request for Education Accommodation Application form*

Step 3: Attach medical documentation in support of your request (if applicable)

Step 4: Fill out an *Application for Renewal: Salesperson/Broker*, and have your broker of record sign it

Step 5: Send your completed application package by email



After applying

- Upon receipt of a *Request for Accommodation Application*, an email acknowledgment will be sent to the applicant within five business days.
- Complete Requests for Accommodation (complete applications that include all required documents) take approximately 15 working days to process, depending on the complexity of the application.
- Deficient Requests for Accommodation (applications that are incomplete and/or that are missing required documents) will be held by RECO for 60 calendar days from the date the applicant is sent a deficiency notification email, or until the applicant's registration expiry date, whichever date comes first.
 - If the documentation required to process an application is not received within 60 calendar days, or by the registrant's registration expiry date, the *Request for Accommodation Application* will be abandoned and confidentially destroyed.
 - If an applicant requires more than 60 calendar days to supply the requested materials, they must notify RECO by email.
- A decision letter will be emailed to the applicant.
 - Once an applicant receives their decision letter, they must follow the specific instructions on how and when to complete their education requirements as set out in the decision letter.
 - Accommodation applicants must complete their education requirements by their decision deadline date.

Please note:

- Requests for Accommodation may be submitted up to 60 days prior to a registrant's education deadline date. In addition, to avoid the risk of registration termination, requests should be submitted no less than 30 calendar days prior to the registrant's registration expiry date.
- A verification of application receipt by RECO, regarding a *Request for Accommodation Application*, is not immediately available. Applicants can expect an email communication within a few days of RECO receiving their application.
- Accommodation arrangements and education extensions vary depending on each applicant's specific situation. Approved extension dates may range from a period of 1-12 months.
- RECO may consider other reasonable accommodation options or alternatives in response to an accommodation request.



- Regardless of a disability, registrants must meet all criteria for registration under REBBA, including paying any applicable fees related to their registration with RECO.

Submitting your application

Completed application packages can be sent by email to accommodations@reco.on.ca.

- Please submit your application form and supporting documents in a single attachment (do not scan/send documents as separate attachments)
- Although not typically required, you may be asked to submit the original copy of your supporting documents for verification purposes.

Privacy and confidentiality

The supporting documentation you submit may contain confidential or private information. RECO will maintain the privacy of all information related to an accommodation request. All self-disclosed medical information is kept strictly confidential.

In certain circumstances, a registrant may wish to designate a third party to represent their best interests and request accommodation on their behalf. To make that designation, a Power of Attorney (POA) form must be secured and submitted to RECO.

Contact information and questions

General information, including answers to commonly asked questions, can be found in the education section on RECO's website.

Customer support is available Monday to Friday from 8:30 a.m. to 4:30 p.m. (ET).

Email: accommodations@reco.on.ca | Website: www.reco.on.ca

Tel: (416) 207-4800 | Toll free: 1-800-245-6910



Request for Accommodation Application Form

Part 1 (to be submitted by applicant)

The Real Estate Council of Ontario (RECO) is committed to accommodating persons with disabilities, within the meaning of section 10(1) of the Ontario Human Rights Code, who require extensions of time to complete the educational requirements under Ontario Regulation 579/05 of the *Trust in Real Estate Services Act, 2002* (the Act) due to disability. This policy is intended to ensure that all persons are treated in a fair and consistent manner, while protecting the public interest by ensuring that real estate brokers and salespersons are providing knowledgeable and competent services to consumers.

If you are requesting an extension of time in which to meet educational requirements due to a disability, you must complete this form in its entirety and meet all other requirements set out in the Educational Accommodation for Persons with Disabilities Policy.

1. APPLICANT INFORMATION

Name:

RECO Registration Number:

Street Address:

City:

Province:

Postal Code:

Tel.:

Email:

2. ACCOMODATION REQUESTED

Please provide the details of the specific accommodation you are requesting, including individual needs and a proposed completion date for educational requirements. You may attach further information to this form if the space provided is not sufficient.

If a previous request for accommodation was granted by RECO, please provide the details of that accommodation.

3. SUPPORTING DOCUMENTATION AND INFORMATION

Documentation and information should outline the nature of the disability along with a detailed description of the impact of the disability as it relates to completing the educational requirements, the applicant's specific needs and the proposed completion date for the educational requirements. Documentation and information satisfactory to the Registrar must be provided by a regulated professional health practitioner, such as a medical doctor, psychologist and/or other health professional with specific training and expertise in the diagnosis of condition(s) for which accommodation is being requested and must be certified or licensed to practice in their field. The regulated health professional must complete "Part 2" of this form and submit it directly to the Registrar, along with any other documentation and information that is required to support the request for accommodation.



4. NOTICE AND CONSENT

The Applicant is hereby notified that in order to complete or verify the documentation and information provided in support of this request (including Parts 1 and 2 of this form), the Real Estate Council of Ontario ("RECO") may collect additional information documentation and information from or disclose information to government and non-government bodies. You are notified that this information will be used for purposes that include, but are not limited to: (1) Determining an applicant's eligibility for registration or continued entitlement to registration under the *Trust in Real Estate Services Act, 2002* (TRESA); (2) Purposes consistent with the *Safety and Consumers Statutes Administration Act, 1996*, RECO's purposes and obligations under the *Canada Corporations Act* and its regulations, RECO's Letters Patent and its corporate by-laws and the Administrative Agreement; (3) For any other purposes consistent with the administration of TRESA; and (4) For the purposes of determining whether the request for accommodation will be granted.

You are notified further that RECO is obligated to disclose information in the manner prescribed by TRESA, specifically under Section 44 of TRESA and section 11 and 27 of the Regulation (General) under TRESA. RECO may also disclose to certain organizations (such as real estate regulators from other jurisdictions) information about registrants provided such organizations have signed privacy agreements with RECO.

The Applicant hereby specifically consents to RECO collecting, using and disclosing such documentation and information in the manner provided above.

The Applicant understands that the Request for Accommodation Application will not be processed until all the documentation and information has been completed and received by RECO, including the required supporting documentation ("Part 2" of this form) completed by a regulated health professional.

I hereby certify that I have personally completed this Request for Accommodation Application and declare that any information and documents provided in support of my request for accommodation is true, complete and accurate to the best of my knowledge.

REQUIRED:

Signature of Applicant:

Date:

Please return this completed application, and/or supporting documentation by email to accommodations@reco.on.ca

To complete the Request for Accommodation Application, Part 2 must be completed and submitted to the Registrar by a regulated health professional.



Part 2 (to be submitted by a regulated health professional)

The Real Estate Council of Ontario (RECO) is committed to accommodating persons with disabilities, within the meaning of section 10(1) of the *Ontario Human Rights Code*, through extensions of time to complete the educational requirements under Ontario Regulation 579/05 of the *Trust in Real Estate Services Act, 2002* (the Act).

1. APPLICANT REQUESTING ACCOMMODATION

Name:

RECO Registration Number:

I, the Applicant, hereby authorize and direct this regulated health professional to provide the documentation and information requested in this form directly to RECO in order to process my request for accommodation. I further authorize and direct this regulated health professional to supply additional documentation and information, if required, relating to consideration and/or granting of my request for accommodation. I also understand that RECO may contact the regulated health professional directly to discuss the provision of accommodation as necessary.

2. REGULATED HEALTH PROFESSIONAL

Name:

Name of Health Professional College:

Registration Number:

Business Address:

City:

Province:

Postal Code:

Business Phone:

Email:

3. NATURE OF DISABILITY

Section 10(1) of the Ontario Human Rights Code (the Code) defines "disability" as:

"disability" means,

a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical coordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,

b) a condition of mental impairment or developmental disability,

c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,

d) a mental disorder, or

e) an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*.

In your opinion, is the Applicant disabled within the meaning of section 10(1) of the Code?

Yes

No

If "yes" under which section of the Code does the Applicant's disability fall?

10(1)(a)

10(1)(b)

10(1)(c)

10(1)(d)

10(1)(e)



What is the nature of the Applicant's disability?

If the Applicant's situation is one that may qualify as a "mental disorder", does the Applicant's situation qualify as a disability in accordance with the Diagnostic and Statistical Manual of Mental Disorders (the DSM-IV-TR)?

Yes No

4. TIMELINES, DURATION AND IMPACT OF THE DISABILITY

What was the onset date of the disability (or condition)?

Is the disability (or condition) permanent or temporary?

Permanent Temporary

If temporary, what is the anticipated date of recovery?

How does the disability (or condition) manifest itself?

What is the functional impact of this disability (or condition) on the Applicant's ability to complete educational requirements within the prescribed timeframes?

For what period of time will the Applicant require accommodation in order to complete educational requirements?

Supporting documentation and information regarding the nature of disability and/or timelines, duration and impact of the disability should be attached to or submitted with this form.



5. CERTIFICATION BY REGULATED HEALTH PROFESSIONAL

I hereby certify that:

- 1) I personally know the Applicant;
- 2) I provide(d) health care services to the Applicant in respect of the Applicant's disability;
- 3) I have specific training and expertise in the diagnosis of such disability;
- 4) I am certified or licenced to practice in my field; and (5) the documentation and information I am provided is, to the best of my knowledge, true, accurate and complete.

You are hereby notified that in order to complete or verify the documentation and information provided in support of this request (including Parts 1 and 2 of this form), RECO may collect additional documentation and information from or disclose information to government and non-government bodies. You are notified that this information will be used for purposes that include, but are not limited to:

- 1) Determining the Applicant's eligibility for registration or continued entitlement to registration under the *Trust in Real Estate Services Act, 2002* (TRESA);
- 2) Purposes consistent with the *Safety and Consumers Statutes Administration Act, 1996*, RECO's purposes and obligations under the Canada Corporations Act and its regulations, RECO's Letters Patent and its corporate by-laws and the Administrative Agreement;
- 3) For any other purposes consistent with the administration of TRESA; and
- 4) For the purposes of determining whether the Applicant's request for accommodation will be granted.

You are notified further that RECO is obligated to disclose information in the manner prescribed by TRESA, specifically under Section 44 TRESA and section 11 and 27 of the Regulation (General) under TRESA. RECO may also disclose to certain organizations (such as real estate regulators from other jurisdictions) information about registrants provided such organizations have signed privacy agreements with RECO.

I hereby specifically consent to RECO collecting, using and disclosing such documentation and information in the manner provided above.

REQUIRED:

Signature of Regulated Health Professional:

Date:

Please return this completed application, and/or supporting documentation by email to accommodations@reco.on.ca

To complete the Request for Accommodation Application, Part 2 must be completed and submitted to the education department by a regulated health professional.



Important: PRINT or TYPE all information in BLACK INK

APPLICATION FOR RENEWAL: SALESPERSON / BROKER

WARNING – IT IS AN OFFENCE TO PROVIDE FALSE INFORMATION

SECTION A – SIGNATURE OF APPLICANT AND AUTHORIZED SIGNATORY. Includes fields for Applicant's Signature, Date, Certificate of Employer, Registered Name of Employer, Brokerage Registration Number, and Authorized Signing Official details.

SECTION B – REGISTRANT NAME AND MAILING ADDRESS INFORMATION. Includes fields for RECO Registration Number, Expiry Date, Legal Name, Trade Name, Date of Birth, Residential Address, City, Province, Postal Code, Telephone Number, Cell Phone Number, and E-mail Address.

SECTION C – REGISTRANT NEW ADDRESS FOR SERVICE. Includes fields for Address for Service in Ontario, Street Number & Name, Suite or Unit Number, City, Province, Postal Code, Telephone Number, and Fax Number.

Important: PRINT or TYPE all information in BLACK INK
Application for Renewal: SALESPERSON / BROKER

SECTION D – NOTICE & CONSENT

Any person completing and/or signing and/or submitting this form and any attachments or accompanying answers, schedules, documents, records, statements or returns, either written or oral, (“accompanying documentation”) is hereby notified that the Real Estate Council of Ontario (“RECO”) may verify the information on this form or the accompanying documentation, and in so doing, may request or collect additional information from, communicate with, disclose any such information to government and non-government bodies (which may include trade associations, designated education organizations and providers, and past, present, and prospective employers). You are notified that any information so collected or communicated will be for purposes that include, but are not limited to:

1. Determining an applicant’s eligibility for registration or continued entitlement to registration under the *Trust in Real Estate Services Act, 2002* and its regulations and including any amendments or any successor legislation, ensuring compliance under TRESA, dealing and/or handling complaints and inquiries under TRESA,
2. Purposes consistent with the Safety and Consumers Statutes Administration Act, 1996 and its regulations, RECO’s purposes and obligations under the Canada Not-for-profit Corporations Act and its regulations, RECO’s Articles of Continuance (transition) and its corporate by-laws, and the Administrative Agreement,
3. For any other purpose consistent with the administration of TRESA, consumer protection, protecting the public, and/or verification of an applicant’s association or membership with trade/professional associations, registration history, including status, dates, employer’s name and business address.

I understand and consent that as part of the above process, RECO may, at any time and from time to time, make inquiries and/or obtain searches of government, regulatory, discipline, or law enforcement records and databases, a record of offences, a record of judgments, financial institution records, or consumer reports. I further understand and consent that, RECO may, at any time and from time to time, during my registration cycle make additional inquiries and/or obtain additional searches of government, regulatory, discipline, or law enforcement records and databases, a record of offences, a record of judgments, financial institution records, or consumer reports.

I am aware that RECO is obligated to disclose information in accordance with law and is bound by TRESA, including section 44 of TRESA and sections 11 and 27 of the Regulation (General) under TRESA.

I consent to receive electronically any information about this application, registration under the Act or RECO corporate affairs.

During the nomination and election process for RECO Industry Directors, industry members who are candidates may want to communicate with voters by e-mail.

RECO members may also want to communicate for the purpose of requesting a meeting of RECO members or relating to RECO corporate affairs.

Please check the box if you consent to RECO providing your e-mail address to a RECO member who requests it, strictly for these purposes only:

Yes

If you have any questions concerning the collection or disclosure or use of any information, please contact RECO, or view RECO’s Privacy Policy at www.reco.on.ca.

By completing or signing or submitting this form and any of the accompanying documents, I consent to RECO verifying, requesting, collecting, communicating, disclosing, using, and maintaining such information in the manner provided above.

I accept the terms of the above Notice & Consent

Applicant Name _____ **Signature** _____
(Please Print)

Important: PRINT or TYPE all information in BLACK INK
Application for Renewal: SALESPERSON / BROKER

SECTION E – REGISTRANT DISCLOSURE QUESTIONS

Please review the **Completion Instructions on Page 4**, before answering YES or NO to the following questions. If you answer yes to any question and have not previously disclosed this information in writing, you must do so now. If you have previously disclosed this information, please indicate “already on file” beneath the corresponding question. **(Refer to Page 4 for Completion Instructions).**

- | | | |
|---|------------------------------|-----------------------------|
| <p>1. Are you, or will you be, registered/licensed, engaged or employed in any other business, occupation or profession?
(If yes, refer to Page 4 for Completion Instructions.)</p> | Yes | No |
| <p>2. Are you a Partner, Officer, Director or shareholder in any other business?
(If yes, refer to Page 4 for Completion Instructions.)</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>3. Are you now or have you ever been involved in personal bankruptcy or insolvency proceedings, filed a consumer proposal, and/or been an officer, director or majority shareholder of a corporation or partner of a partnership which has been declared bankrupt or insolvent, or is presently a party to bankruptcy or insolvency proceedings?
(If yes, refer to Page 4 for Completion Instructions.)</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>4. Are there any unpaid judgments and/or unpaid debts outstanding against you, including, but not limited to, CRA Requirements to Pay and garnishments, or are you an officer, director, majority shareholder of a corporation or partner of a partnership to which the preceding statement applies?
(If yes, refer to Page 4 for Completion Instructions.)</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>5. Have you ever had a registration and/or licence or professional status of any kind refused, suspended, revoked, or cancelled and/or have you been involved in any proceeding during which you resigned a registration or licence or professional status of any kind, or are there any proceedings pending, or are you an officer, director, majority shareholder of a corporation or partner of a partnership to which the preceding statement applies?
(If yes, refer to Page 4 for Completion Instructions.)</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>6. Are there currently any charges pending, or have you ever been found guilty, pleaded guilty to, or been convicted of an offence under any law, or are you an officer, director, majority shareholder of a corporation or partner of a partnership to which the preceding statement applies ?
(If yes, refer to Page 4 for Completion Instructions.)</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NOTICE TO REGISTRAR RE: CERTAIN CHANGES TRESA 28 (1)

If there is a change to any of the information that was included in the registrant’s application, the registrant shall notify the registrar **within five days** after the change takes place and shall set out the nature of the change. O. Reg. 567/05, s. 28 (1).

EDUCATION REQUIREMENTS FOR FIRST TIME SALESPERSONS

Registrants in their first two-year registration cycle under TRESA must successfully complete additional educational courses designated by the Registrar before making an application for renewal of registration.

Failure to fulfill these educational requirements within two-years of your initial registration date is a breach of O. Reg. 579/05, s.2(1). and will result in the loss of registration under the *Trust in Real Estate Services Act, 2002*, as well as the loss of the right to trade in real estate.

MANDATORY CONTINUING EDUCATION REQUIREMENT

Registrants with a mandatory continuing education requirement must complete the following prior to submitting an application to renew a registration.

- RECO’s online Mandatory Continuing Education Program accessed via **MyWeb**.

For more information regarding the Mandatory Continuing Education requirements to renew registration, please visit **MyWeb** or contact education@reco.on.ca.

Failure to fulfill the mandatory continuing education requirements is a breach of Ontario Regulation 579/05.

Important: PRINT or TYPE all information in BLACK INK
Application for Renewal: SALESPERSON / BROKER

RENEWAL REQUIREMENT

REGISTRATION IS YOUR RESPONSIBILITY AND TRADING IN REAL ESTATE WITHOUT REGISTRATION IS ILLEGAL

The attached renewal form must be completed and returned on or before the registration expiry date. The *Trust in Real Estate Services Act, 2002* (the "Act") does not allow or provide for extensions or "grace" periods for renewals. For the purpose of renewal, you are required to fully complete this application form and submit the Registration Fees.

COMPLETION INSTRUCTIONS – TRADE NAME

Individuals may elect to trade in real estate using just one or more of their legal given names in the correct order, a recognized short form of one of their legal given names, an anglicised version of their legal given name (an affidavit is required in support of this option) followed by their legal surname. Please note that surnames **cannot** be changed with an affidavit.

COMPLETION INSTRUCTIONS – SECTION E – REGISTRANT DISCLOSURE QUESTIONS

- Question 1 If you answered yes, the information required includes:
1. The full name of the business as well as the position held and the nature or description of the business, occupation or profession.
 2. If the other employment involves activity that falls under the definition of "trade" found in the Act, you must provide a copy of the complete job description supplied by the employer.
- Question 2 If you answered yes, the information required includes:
1. The legal name of the business and operating name if applicable.
 2. The nature of the business, your position in the company, and any ownership interest.
- Question 3 If you answered yes, you must submit full particulars of the circumstances that led to the matter on a signed and dated statement, along with a copy of the following documents:
- | Bankruptcy Documents | Consumer Proposal Documents |
|---|--------------------------------------|
| Form 69: Assignment of Bankruptcy | The Consumer Proposal |
| Form 65: Monthly Income & Expense Statement | The Statement of Affairs |
| Form 79: Statement of Assets, Liabilities | The Terms of Payments and Conditions |
| Form 84: Certificate of Discharge (if applicable) | The Statement of Income and Expenses |
| | The Assessment Certificate |
- Question 4 If you answered yes, you must submit a copy of each judgment and other such documents pertaining to outstanding debts against you (example; garnishments, requirements to pay, writs of execution etc.). State the amount outstanding and repayment arrangements on a separate sheet. You must also submit full particulars regarding the circumstances that led to the matter(s) on a signed and dated statement.
- Question 5 If you answered yes, you must submit full particulars on a signed and dated statement. A driver's abstract may be required in the case of a suspension.
- Question 6 **If the response was "Yes" registrants must submit a current, original Canadian Criminal Record and Judicial Matters Check (must be dated within 6 months of submission of application) and full particulars on a signed and dated statement.** This does not include municipal parking violations or minor Highway Traffic Act offences unless your driver's license was suspended. **This includes a charge where a conditional discharge or an absolute discharge has been granted.**

REGISTRATION FEES

Application Fees Apply - [CLICK HERE FOR FEE SCHEDULE](#)

Payment by **VISA** or **Mastercard**, (Credit or Debit), must be made online via [MyWeb](#).

There will be an additional service charge of \$35 for any returned payment.

IF FURTHER ASSISTANCE IS REQUIRED, PLEASE CONTACT RECO AT 416-207-4800 OR TOLL FREE AT 1-800-245-6910

PLEASE E-MAIL (registration@reco.on.ca) OR FAX 416-207-4820 THE COMPLETED APPLICATION TO RECO.

DECLARATION OF CONTINUING EDUCATION

WARNING – IT IS AN OFFENCE TO PROVIDE FALSE INFORMATION ON THIS APPLICATION

DECLARATION

I declare that I have taken and completed the courses listed below and, upon request, I will furnish RECO with evidence of having successfully completed any or all of the courses listed in this Declaration. I also declare that I have not previously reported these courses on any Declaration in a previous registration cycle. This Declaration forms part of the Application for Renewal / Application for Reinstatement and is subject to all notices, consents, penalties, and other provisions contained therein or applicable to such Application by means of statutory or other legal requirements.

Signature

Date

RECO REGISTRATION NUMBER

IMPORTANT INFORMATION

- This Declaration form must be submitted along with an application to renew or reinstate registration. Applications received WITHOUT a properly completed and signed declaration form will not be processed.
- Failure to fulfill the mandatory continuing education requirements is a breach of Ontario Regulation 579/05 and your application cannot be processed, resulting in loss of registration under the *Trust in Real Estate Services Act, 2002*, as well as the loss of your right to trade in real estate.

INSTRUCTIONS

1. The applicant must complete the Residential Update Course or the Commercial Update Course plus two electives in the RECO MCE program.
2. The applicant must complete the following declarations in order to be eligible for registration.

Legal Surname

Legal First Name

Legal Middle Name(s)

SECTION A – RESIDENTIAL UPDATE COURSE OR COMMERCIAL UPDATE COURSE COMPLETION

COMPLETION DATE YYYY / MM / DD

SECTION B – ELECTIVE COURSES DELIVERED BY RECO

I have completed a minimum of two elective courses through the RECO MCE Program

Yes

No



Online Payment Process Instructions

Application Steps

- Complete application in full (must include a valid personal email address).
- Submit completed application, along with any supporting documentation to registration@reco.on.ca, or by fax 416-207-4820.
- Pay the application fee online.

Payment Process

When your completed application is submitted to RECO, an email will be sent to you with payment instructions.

Make your payment in full online within two (2) days of the payment instruction email.

If your payment is not made within two (2) days of the email "sent" date, the application will be abandoned, and you will have to reapply. You will be notified by email if your application has been abandoned.

Payment Options

Payments can be made only by Visa or Mastercard. Read the [Registration Fee Schedule](#).

Payment of the application fee is a prescribed requirement of registration or renewal of registration as a broker or salesperson O. Reg. 567/05, s. 4(1), or brokerage O. Reg. 567/05, 6(1).