



**Canadian Certified
Insurance Broker (CCIB)
Exam Registration Form**

FIRST NAME _____ **LAST NAME** _____

PHONE _____ **EMAIL** _____

BROKERAGE _____

BUSINESS ADDRESS _____

CITY/TOWN _____ **PROV** _____ **POSTAL CODE** _____

BROKERAGE TEL. # _____ **FAX #** _____

My firm is a member in good standing of the IBAM. ____ Yes ____ No

Is this the first time that you have enrolled for the CCIB exam? ____ Yes ____ No

If no, in what year did you enroll? _____

Please register me for the: Essay Questionnaire _____ Cost \$250.00

Short Answer Questionnaire _____ Cost \$250.00

*Final- Oral Exam or _____ Cost \$250.00

*Final- Written Survey Exam _____ Cost \$250.00

Exam Date: _____

***Note:** Final exam only available to students successfully completing the Essay and Short Answer Questionnaires.

I will be paying by: Visa/MasterCard/Company Cheque (please circle one) the amount of \$ _____

Cardholder #: _____ Expiry Date: _____

Cardholder Name: _____

Email Receipt to: _____

If successful in the examinations, and if elected by the IBAC Board of Directors to be awarded the use of the designation of "Canadian Certified Insurance Broker", I hereby certify that I meet the prescribed qualifications, that I am an employee of a property and casualty insurance brokerage and that I agree to abide by such other requirements as outlined in the Terms of Reference (See IBAM for copy) and as may be established by the Insurance Brokers Association of Canada and the Insurance Brokers Association of Manitoba from time to time as they see fit.

Date

Signature of Applicant

(For Association Use Only)

Examination # _____

Exam Location _____