



**ASSOCIATION OF CONDOMINIUM MANAGERS OF ONTARIO**

2233 Argentia Road, Suite 304, Mississauga, Ontario, L5N 2X7 / Tel: 905-826-6890, 1-800-265-3263 Fax: 905-826-4873  
[www.acmo.org](http://www.acmo.org) [info@acmo.org](mailto:info@acmo.org)

**REQUEST FOR CHALLENGE EXAM**

Name of Applicant: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone - Business: \_\_\_\_\_ Telephone Residential: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

Please provide the following pieces of information:

- i. An up-to-date curriculum vitae or resume; and
- ii. An arms-length third party confirmation from management at the company you worked for OR two (2) or more individuals who served as board members at a condominium corporation where you were engaged or a condominium corporation Board of Directors confirming that you are or have worked for a period of at least five consecutive (5) years prior to November 1, 2017 as a full-time property manager.

- 1) *The applicant is applying to take a Challenge exam (\$250 sitting fee for each exam) for each course(s) and 75% is considered a passing mark.*
- 2) *There is an optional fee for the purchase of each Course textbook.*

- Financial Management     Physical Building Management     Condominium Law     Condominium Administration & HR
- All four subjects

CMRAO Licence # and Type of Licence: \_\_\_\_\_

Signature: \_\_\_\_\_

- Please send me a receipt – NOTE: Credit card charges appear on your statement as BB&C Management Services.**
- I, the undersigned, hereby confirm that the foregoing information together with any enclosures or additional information are true and accurate as of the date hereof.*
- I understand that the opportunity to write any challenge exam may only be granted once. I understand that after writing the challenge exam, if I am unsuccessful in obtaining the required passing grade, I shall be required to complete the requisite ACMO course.*
- I understand and consent to ACMO sharing whether I passed or failed the challenge exam(s) with the CMRAO for the purposes of confirming information on my licence application.*

**The applicant hereby consents to ACMO utilizing personal information for the purpose outlined therein including for the purpose of collecting payment, invoicing, creating a list of members, advising the party of information that may be of interest to him/her.**

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_