

Exam Application

You must print clearly. Complete appropriate sections of the form and mark all boxes which apply to you. **Remember to sign your exam application before submitting. Please attach a clear photocopy of applicant's picture ID.**



APPLICANT INFORMATION – PRINT CLEARLY			
CIABC File or Student Number:		Last Name:	
First Name and Middle Name:			Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Home Address:			
City:		Province:	Postal Code:
Home Phone:		Cell Phone:	Home Fax:
SIN #:	Date of Birth: <i>mm/dd/yyyy</i>	Personal Email:	

EXAMINATION CATEGORIES AND FEES		
HAIRDRESSING	ESTHETICS	NAIL TECHNOLOGY
<input type="checkbox"/> \$125.00 Hairdressing Program (1500 Hours)	<input type="checkbox"/> \$125.00 Esthetics Program (800 Hours)	<input type="checkbox"/> \$125.00 Nail Technology Program (400 Hours)
<input type="checkbox"/> \$65.00 Colour Technician (400 Hours)	<input type="checkbox"/> \$65.00 Waxing Technician (250 Hours)	<input type="checkbox"/> \$65.00 Gel & Manicure Tech. (250 Hours)
<input type="checkbox"/> \$65.00 Permanent Wave Tech. (400 Hours)	<input type="checkbox"/> \$65.00 Make-Up Artist (400 Hours) (practical only)	<input type="checkbox"/> \$65.00 Acrylic & Manicure Tech. (250 Hours)
<input type="checkbox"/> \$65.00 Haircut & Blow Dry Technician (400 Hours)		
<input type="checkbox"/> \$65.00 Barbering Program (400 Hours)		

CONFIRMATION OF HOURS	
School or Salon Name:	
School or Salon Location (city):	Number of Hours Completed to Date:
Program/Apprenticeship Start Date: <i>mm/dd/yyyy</i>	Program/Apprenticeship End Date: <i>mm/dd/yyyy</i>
Instructor or Trainer's Name:	Instructor or Trainer's Signature:

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604-871-0222
1-800-663-9283

F: 604-871-0299

info@ciabc.net
www.ciabc.net

FOR OFFICE USE ONLY											
FILE NO.:						EXAM DATE:					
CANDIDATE NO.:						LOCATION:					
\$43	\$63	\$65	\$125	OTHER \$	CASH	M. ODR	CHEQ	DEB	VISA	M/C	

