

OMVIC Automotive Certification Course - Registration Form

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



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 (Signature will be required upon delivery. Please provide alternate shipping address in the section below, if necessary)	
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)

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: ☐ \$283.25 (Domestic Student)

\$558.25 (International Student)

Method of Payment (check one) – Credit Card ONLY - (Note: Debit and Debit Credit Cards are NOT accepted.)

☐ VISA ☐ MasterCard ☐ American Express

Credit Card
Expiry Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Year	



Credit Card
Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Refund Policy:
Full refund, less \$20,
if written request is
received within 10
business days of
registration and the
exam has not been
completed.

Cardholder's Full Name: _____

Cardholder's Signature: _____

Date: _____

Signature
Required

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

Applicant's Signature: _____ Date: _____

Note: Registration Form must be signed.

Signature
Required