

**REGISTRATION FORM AND CREDIT CARD AND
CREDIT CARD PAYMENT AUTHORIZATION
RSE RE-EXAMINATION FORM**

The AQTr must have received this duly completed form before the candidate presents for the re-examination.

Date you wish for the exam: _____

Place :

Montréal Québec Other : _____

Type of exam:

Class 5 In-car Instructor Class 5 In-class Instructor Class 6 In-car and In-class Instructor

Exam language :

French English

Candidate's first name

Candidate's last name

Name of the school sponsoring the candidate

Association/Group of school (if applicable)

Name (bold letters) of the school's representative

School's representative's signature

N.B. THE EXAM RESULTS ARE FORWARDED TO THE DRIVING SCHOOL THAT SPONSORS THE CANDIDATE WITHIN 10 WORKING DAYS FOLLOWING THE DAY OF THE EXAM

**** An absence fee of \$ 20 will be charged if the candidate does not show up for the re-examination and the AQTr has not been notified beforehand. ****

PAYMENT (by credit card only)

N.B. The costs of the re-examination can only be invoiced to the driving school sponsoring the candidate registered for the training or group where the pupil has followed the ESR training.

(75,00 \$ + taxes = 86.23 \$)

The AQTr will contact you by phone when it is about to proceed with your payment so as to receive your credit card information. Please be advised that we only accept Mastercard and/or Visa.

Card's holder name in block letters

Telephone of the credit card holder

Credit card payment authorization

I authorize the AQTr to bill my above mentioned credit card account for the amount described on the invoices cited above;

I authorize the AQTr to receive orally information related to my credit card, to verify it and to share it with any of her representatives or staff members if necessary to proceed with the payment of the above mentioned invoices;

I understand that the AQTr is legally allowed to share this information any time she is legally forced to do so, according to a law, regulation or order;

I understand that the AQTr will keep this information at the accounting department in conformity with the rules that apply and as long as useful to the above mentioned purposes.

Card holder's signature: _____

N.B. The owner of the personal data contained in the present form has a right of access and rectification prescribed by the Act Respecting the Protection of Personal Information in the Private Sector.

Information for the card holder

The AQTr has to be able to identify clearly for which products / services it is allowed to charge your credit card immediately; It is the user's responsibility to update this payment form whenever necessary; The credit card holder can revoke this credit card payment authorization at anytime.

TRANSMISSION

By e-mail

formateurs.prec@aqtr.com