

## TRAINING AND CERTIFICATION PROGRAM Individual Registration Form

Registrant Full Legal Name \_\_\_\_\_  
 Dealer or Employer Name \_\_\_\_\_  
 BC Motor Dealer License Number or Salesperson Licence Number \_\_\_\_\_

**Shipping Address:** Please deliver course materials to my:  Work or  Home address provided below  
 Address \_\_\_\_\_ City \_\_\_\_\_ Prov. *BC*  
 Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Fax/e-mail \_\_\_\_\_

<b>Registering For:</b>	Class Number	Date	Location
-------------------------	--------------	------	----------

**Methods of Payment:**  Visa or  MasterCard

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

All credit card information requested above is required to process this registration. Incomplete information will result in this registration being returned without processing. Fax to the VSA at 604-574-5883.

**Cash or Debit:** Must be made in person at the VSA office. (address below)

**Cheque:** Mail a cheque, payable to **Motor Vehicle Sales Authority of BC**, along with your completed registration form to #208 - 5455 152nd Street, Surrey, BC V3S 5A5.  
 Please note: **Faxed registrations payable by cheque will be returned incomplete.**

### **Registration Policies:**

**A Salesperson Licence Application is required for your course registration to be processed.** Application can be obtained at: <http://www.mdcbc.com/salesperson.htm> or contact Licensing at 604-574-5050 ext. 710

**Cost:** The **registration fee is \$ 420.00** and includes: pre-course assignment (mailed 10 days prior to the course), course binder (at class), two full days of instruction (8:30 am to 5:00 pm), written exam, and certificate upon successful completion of the course.

**Confirmation:** Confirmation of registration and receipt of payment will be provided by fax or e-mail once processed.

**Cancellations or Transfers:** Each registered person will be responsible for full payment of all confirmed registration fees unless the VSA receives written notice of cancellation at least **TEN BUSINESS DAYS** prior to the start of the class. Request for transfer to another class date must be received in writing at least **TEN BUSINESS DAYS** prior to the start of the class.

**Substitutions:** Substitutions may be made up to **72 HOURS** prior to the class start time. Substitutions will not be accepted after the 72 hour deadline. Facilitators will not take registrations or make substitutions at the class.

**Space is limited:** Register early to avoid disappointment. A waiting list will be created in the event that a change or cancellation is received with adequate time to re-assign the seat. You must be currently registered in a class to be accepted on a waitlist.

**Questions:** For all inquiries about the course or your registration, please contact by email at [training@mvsabc.com](mailto:training@mvsabc.com) or contact our Program Coordinator at 604-574-5050 ext. 230.

**I accept and understand the above noted Registration Policy:** \_\_\_\_\_  
 Registrant / Payee signature of acceptance. (REQUIRED)