



# Canadian Professional Insurance Broker REGISTRATION FORM

Legal Name

Please print clearly.

(First Name)	(Middle Initials)	(Last Name)

Work Telephone

Work Email

Brokerage Firm (if applicable)

Brokerage Address

City

Postal Code

Home Telephone

Home Email

Home Address

City

Postal Code

If Paying By Credit Card

I hereby authorize IBABC to charge my \$ \_\_\_\_\_  
 Amex  Visa  MasterCard

Card Number

Expiry Date

Name on Card

Signature

Student No.	Textbook	Self-Study Guide
Entered	Workbook	

For IBABC office use only

**Payment by personal cheque is subject to a 14 day holding period.  
Textbooks are not returnable.**

Subject to passing the examinations, and the IBABC Board of Directors ratifying the award of a CPIB designation to me, I hereby certify that I meet the prescribed qualifications, that I am an employee of an insurance brokerage and that I agree to abide by such other requirements as may be established by the Insurance Brokers Association of Canada and the Insurance Brokers Association of BC from time to time as they see fit.

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

**Mail or fax this form to the education department at:**

Insurance Brokers Association of B.C.  
 1300 - 1095 West Pender Street  
 Vancouver, BC V6E 2M6  
 Fax: 604-683-8497 Web: www.ibabc.org



CAIB or AIIIC/CIP designations are a prerequisite.  
 Please provide a CAIB date of graduation or a copy of a AIIIC/CIP diploma.

<b>L &amp; E</b> <small>Law &amp; Ethics</small>	<b>CM</b> <small>Claims Management</small>	<b>ACL</b> <small>Advanced Commercial Lines</small>	<b>APL</b> <small>Advanced Personal Lines</small>	<b>APL</b> <small>Business Strategies</small>
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SELF STUDY	L & E	CM	ACL	APL	APL	Preferred exam location (city)	Preferred exam date (or TBA)
EXAM ONLY							
EXAM RE-WRITE							
EXAM DEFERRAL							
ELECTIVE TRANSFER							

\*Please be advised that a blank exam date will be registered as TBA (to be announced)