



## **COMPLETION APPLICATION FORM FOR FIREC DESIGNATION**

Please complete and return this declaration along with your **non-refundable** completion fee of €100 to the FIABCI Secretary General.

### **Applicant Information**

Name

FIABCI Member #  FIABCI Chapter

Mailing Address

City, State/Province

Zip/Postal Code  Phone (  )

Country

Email

### **Applicant Verification**

*I hereby certify that all of the information provided on this form is, to the best of my knowledge, true and correct. I will be in a violation of the FIABCI International Code of Ethics if I knowingly misrepresent myself.*

Applicant's Signature

Printed Name

Date (dd/mm/yyyy)  /  /

### **Payment Information**

Visa  MasterCard

Card Number

3 Digit CVV  Exp. Date  /  Amount €100.00

Signature

Name as it appears on card

# **COMPLETION APPLICATION FORM FOR FIREC DESIGNATION**

## **Qualifying Real Estate Experience**

Candidates must complete a minimum of 3 years of relevant real estate experience within a 5 year time period. In this section, detail at least 3 years of relevant real estate experience you have within the past 5 years. Fill form in completely. Attach additional sheets as necessary. Please see Program Guide for outline of what qualifies as relevant experience. Each experience must be verified below by your FIABCI Chapter President. *Please note: Use a separate page for each employer and each job title.*

From (dd/mm/yyyy)  /  /  To (dd/mm/yyyy)  /  /

Total Number of Months  Agency Title

Position or Job Title

Description of Duties (resume can be attached as supporting document only)

# **COMPLETION APPLICATION FOR FIREC DESIGNATION**

## **FIABCI International Event Participation**

Candidates must participate in a minimum of two FIABCI International Events (World Congress, Regional Congress, or December Business Meetings). In this section please identify your participation in these events. Each experience must be verified below by your FIABCI Chapter President.

### **FIABCI International Event**

Name of Event \_\_\_\_\_

Date of Event (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Location of Event \_\_\_\_\_

Name of Event \_\_\_\_\_

Date of Event (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Location of Event \_\_\_\_\_

Name of Event \_\_\_\_\_

Date of Event (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Location of Event \_\_\_\_\_

Name of Event \_\_\_\_\_

Date of Event (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Location of Event \_\_\_\_\_

Name of Event \_\_\_\_\_

Date of Event (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Location of Event \_\_\_\_\_

Name of Event \_\_\_\_\_

Date of Event (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Location of Event \_\_\_\_\_

Name of Event \_\_\_\_\_

Date of Event (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Location of Event \_\_\_\_\_

Name of Event \_\_\_\_\_

Date of Event (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Location of Event \_\_\_\_\_

# **COMPLETION APPLICATION FOR FIREC DESIGNATION**

## **Coursework**

Candidates must complete a total of 40 credits of coursework. Please outline your completed coursework below. Please attach proof of successful completion of each course.

### **FIABCI Courses – 24 credits**

Global I - 8 credits

Date of completion (dd/mm/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Location of completion \_\_\_\_\_

Global II - 8 credits

Date of completion (dd/mm/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Location of completion \_\_\_\_\_

Real Estate Finance (or equivalent) - 8 credits

Date of completion (dd/mm/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Location of completion \_\_\_\_\_

### **Elective Courses - 16 credits**

Please note: these courses must be offered from approved entities or equivalent. Please attach additional sheets if necessary

Course Title \_\_\_\_\_

Date of completion (dd/mm/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Credits earned \_\_\_\_\_

Educational provider \_\_\_\_\_

Location of completion \_\_\_\_\_

Course Title \_\_\_\_\_

Date of completion (dd/mm/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Credits earned \_\_\_\_\_

Educational provider \_\_\_\_\_

Location of completion \_\_\_\_\_

Course Title \_\_\_\_\_

Date of completion (dd/mm/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Credits earned \_\_\_\_\_

Educational provider \_\_\_\_\_

Location of completion \_\_\_\_\_

Course Title \_\_\_\_\_

Date of completion (dd/mm/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Credits earned \_\_\_\_\_

Educational provider \_\_\_\_\_

Location of completion \_\_\_\_\_

# **COMPLETION APPLICATION FOR FIREC DESIGNATION**

## **Applicant Consent**

Applicant Name

In completing this application, I hereby consent to the following terms:

1. I subscribe to the aims and purposes and agree to abide by the FIABCI International Code of Ethics.
2. I hereby irrevocably waive any claim or right of action at law or in equity that I might have any time hereafter against FIABCI, its governing officers, committee members, or other officials, either as a group or as individuals, for any official act in connection with the business of the FIREC Designation Program and particularly as to its or their acts in admitting or failing to admit me to Designated status; or, disciplining me as a member for any reason whatsoever.
3. I hereby authorize FIABCI to verify all information contained herein and further to make all investigations in any manner it deems necessary.
4. I hereby certify that all statements made in this application are true to the best of my knowledge, and I agree and understand that any misstatements of material facts herein will cause forfeiture on my part of all rights to Designated status with no refund of my application fee(s).
5. Attached hereto is my application fee (payable to FIABCI).
6. If I become designated as a FIREC Member of FIABCI, I agree that I will comply with any future requirements that FIABCI, or its appointed oversight committee, decides are appropriate for me to retain my registration as an Designated Member of FIABCI.

Applicant's Signature

Date (dd/mm/yyyy)  /  /

## **VERIFICATION PORTION TO BE COMPLETED BY FIABCI CHAPTER PRESIDENT**

### **Verification**

FIABCI Chapter President   
Printed Name

**I have examined the above and hereby certify that to the best of my knowledge, it is true and correct.**

Signature

Date (dd/mm/yyyy)  /  /

---

## **INFORMATION BELOW TO BE COMPLETED BY FIABCI SECRETARY GENERAL ONLY**

Secretary General Name

Secretary General Signature

Date of Application Review (dd/mm/yyyy)  /  /

Application Notes