



**FIRE ALARM TECHNOLOGY PROGRAM COURSE EXEMPTION APPLICATION FORM**

A THSMG student may be granted an exemption for one or more of CFAA Modules 2, 3 and 4. Exemptions are based solely upon courses that have been previously completed at a College, University or Trade School level. THSMG requires a minimum grade of **60%** in order for exemptions to be considered. **Work experience and High School courses are not grounds for an exemption.** There are no exceptions to this policy.

Required documentation for an exemption is:

- a photocopy of the official course transcript, and a copy of the course outline, **OR**
- a copy of an electrician’s wallet license.

Each student will be assessed on an individual basis.

**The fee for exemption requests not based on CFAA exemption requests is \$50.00 (plus tax – see table below).**

| PROVINCE/TERRITORY  | GST/HST | QST    | TAX     | TOTAL   |
|---|---------|--------|---------|---------|
| Ontario   | 13%     |        | \$6.50  | \$56.50 |
| Quebec  | 5%      | 9.975% | \$ 7.49 | \$57.49 |
| Nova Scotia, New Brunswick, Prince Edward Island, Newfoundland/Labrador | 15%     |        | \$7.50  | \$57.50 |
| All Other Provinces and Territories                                     | 5%      |        | \$2.50  | \$52.50 |
| Outside Canada  |         | 0%     | \$0     | \$50.00 |

This is a onetime fee and is non-refundable. Exemptions cannot be processed without this form, the fee payment, and student’s documentation, which should be sent to: **The Health and Safety Management Group, 85 CITIZEN COURT, UNITS 3 AND 4, MARKHAM, ONTARIO L6G 1A8 OR** Email: [info@thehsmg.com](mailto:info@thehsmg.com) **OR** Fax: 416-282-7187

- I hereby apply for exemption from:
- CFAA Course 2 Written & Verbal Communications,
  - CFAA Course 3 Basic Electricity,
  - CFAA Course 4 Basic Electronics (Life Safety Systems Electronics)

**Personal Details: (Please ensure all fields are completed)**

|                    |          |             |  |  |
|--------------------|----------|-------------|--|--|
| Name of Applicant: |          |             |  |  |
| Street Address:    |          |             |  |  |
| City:              | Province | Postal Code |  |  |
| Home Phone:        | Email:   |             |  |  |

**Payment Options**

- Cheque or money order payable to “The Health and Safety Management Group”
- PayPal, payment sent to [info@thehsmg.com](mailto:info@thehsmg.com)
- Credit Card (Visa, or MasterCard)

|                           |                       |                     |
|---------------------------|-----------------------|---------------------|
|                           | /                     |                     |
| <b>Credit Card Number</b> | <b>Expiry (mo/yr)</b> | <b>Name on Card</b> |

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_