



Canadian Fire Alarm Association
CFAA-ACAI
Association Canadienne d'Alarme Incendie

FIRE ALARM TECHNICIAN TRAINING PROGRAM **COURSE EXEMPTION APPLICATION FORM**

A student may be granted an exemption by the CFAA in one or more of Courses 2, 3 and 4. Exemptions are based solely upon courses that have been previously completed at a College, University or Trade School level. The CFAA requires a minimum grade of 60% 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 college transcript, course outlines, diploma, and/or the wallet electrician's license. Each student will be assessed on an individual basis.

The fee for processing exemption requests is \$50.00 (plus applicable provincial tax – see table below).

CFAA GST/HST No. 12438 9750 RT0001

Revenue Quebec QST No. 1219730060 -TQ0001

PROVINCES/TERRITORIES	GST/HST	QST	TAX	TOTAL
BRITISH COLUMBIA	5%		\$2.50	\$52.50
ALBERTA	5%		\$2.50	\$52.50
SASKATCHEWAN	5%		\$2.50	\$52.50
MANITOBA	5%		\$2.50	\$52.50
ONTARIO	13%		\$6.50	\$56.50
QUEBEC	5%	9.975%	\$7.49	\$57.49
NEW BRUNSWICK	15%		\$7.50	\$57.50
NOVA SCOTIA	14%		\$7.00	\$57.00
PRINCE EDWARD ISLAND	15%		\$7.50	\$57.50
NEWFOUNDLAND/LABRADOR	15%		\$7.50	\$57.50
YUKON, NORTHWEST TERRITORIES, NUNAVUT	5%		\$2.50	\$52.50

Submit this **form**, **supporting documents** and **payment information** (**one-time, non-refundable fee**) to have your exemptions request processed by the Education Committee. All three requirements must be submitted together.
(See mailing and email address below)

I am hereby applying for exemption in the following courses:

- ☐ CFAA Course 2, Written & Verbal Communications
☐ CFAA Course 3, Basic Electricity
☐ CFAA Course 4, Basic Electronics

(Please print): First Name _____ Last Name _____

Street: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Email: _____

Payment Options

☐ Cheque or money order made payable to the C.F.A.A.

☐ Visa, Amex or MasterCard No. _____

Expiry Date: ____/____/____ CVC#: _____

Cardholder Name: _____

Signature

Date

Mail to: Canadian Fire Alarm Association, 85 Citizen Court, Units 3 & 4, Markham, ON L6G 1A8
Email to: exemptions@cfaa.ca