



State of New Jersey
 DEPARTMENT OF BANKING AND INSURANCE
 REAL ESTATE COMMISSION
 PO Box 328
 TRENTON, NJ 08625-0328

TEL (609) 292-7272
 FAX (609) 292-0944

“CONTINUING EDUCATION REAL ESTATE WAIVER APPLICATION”

License Renewal Deadline: JUNE 30, 2025

Submit all CE waivers by: E-MAIL: realestate@dobi.nj.gov
 FAX: (609) 292-0944
 MAIL: NEW JERSEY REAL ESTATE COMMISSION (Education Bureau)
 P.O. Box 328
 Trenton, NJ 08625-0328

*** PLEASE TYPE, OR LEGIBLY PRINT, ALL REQUIRED INFORMATION BELOW ***

Licensee Full Legal Name: _____
(First, MI, Last)

License Reference Number: _____ Expiration Date (mm/dd/yy): _____
(7 numbers only)

Real Estate License Type: Broker Salesperson Salesperson licensed with Referral Company

Full Legal Home Address: _____
Number and Street Name City State Zip Code

Telephone # (w/area code): _____

Complete E-Mail Address: _____

CE WAIVER TYPE: **NOTE:** All occurrences must occur within the current two (2) year licensing cycle only.

Incapacitating Illness: _____
or

Active Duty (US Military) _____
or

Emergency _____
or

Hardship (Not Financial) _____

NOTE: Detailed documentation **MUST BE** provided for any of the above occurrences. NJREC may request additional documentation.

Have you completed any credits during the current licensing cycle? YES NO
 (If YES, please provide all “original” Certificates of Completion)

I DO HEREBY CERTIFY THAT ALL INFORMATION PROVIDED, AND ANY ATTACHMENTS, ARE TRUE AND ACCURATE

_____ DATE (mm/dd/yy)

 SIGN Full Legal Name