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"

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: | | | | | | | | (7 numbers only)

Expiration Date (mm/dd/yy): _____

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

_____ **SIGN** Full Legal Name

_____ **DATE** (mm/dd/yy)