



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

**APPLICATION FOR CONTINUING EDUCATION EXEMPTION BASED ON
LICENSURE AS A BROKER OR BROKER-SALESPERSON FOR 40 YEARS OR MORE**

REQUEST DATE (mm/dd/yy): _____

SUBMIT APPLICATION (Select only one of the following):

MAIL: NJ REAL ESTATE COMMISSION - EDUCATION 20 W. State Street P.O. Box 328 Trenton, New Jersey 08619-0328	E-MAIL: realestate@dobi.nj.gov	FAX: (609) 292-0944
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APPLICANT'S PERSONAL INFORMATION:	(Please print all information legibly)
Full Legal Name: _____ (First, MI, Last)	
Mailing Address: _____ Residential Mailing Address (No P.O. Boxes)	
City _____ State _____ Zip Code _____	
Telephone & E-Mail: _____ Phone Number (with Area Code) _____ E-Mail Address _____	

APPLICANT'S BROKER OR BROKER-SALESPERSON LICENSE INFORMATION:	(Please print all information legibly)
DATE (mm/dd/yy) OF LICENSE _____ STATE OF LICENSE _____ LICENSE REFERENCE NUMBER _____	
DATE (mm/dd/yy) OF LICENSE _____ STATE OF LICENSE _____ LICENSE REFERENCE NUMBER _____	

If relying exclusively upon your New Jersey licensing history, no additional documentation needs to be submitted with the application. If relying upon a licensing history from other jurisdiction(s), please submit a certified license history from the other jurisdiction(s) and any other relevant documentation to support the application that your licensure in the other jurisdiction(s) is substantially similar in nature and responsibility to licensure as a broker or broker-salesperson in New Jersey.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ANY ATTACHED DOCUMENTATION IS TRUE AND CORRECT.	
_____ SIGNATURE (First, MI, Last)	_____ DATE (mm/dd/yy)

*** FOR NJ REAL ESTATE COMMISSION USE ONLY ***	
<input type="checkbox"/> Exemption Approval Date: _____	<input type="checkbox"/> Exemption Denial Date: _____