

State of New Jersey

PHIL MURPHY
Governor

DEPARTMENT OF BANKING AND INSURANCE REAL ESTATE COMMISSION PO Box 328 Trenton, NJ 08625-0328

MARLENE CARIDE Commissioner

SHEILA OLIVER Lt. Governor

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

"CONTINUING EDUCATION REAL ESTATE WAIVER APPLICATION"

License Renewal Deadline: JUNE 30, 2023

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, Las | :) | | | | | | | |
| License Reference Number: (7 numbers only) | | | | | | Expiration (mm/dd/ | | | |
| Real Estate License Type: | Broker | | Sales | person | Sa | lesperson licens | ed with Refe | rral Company | |
| Full Legal Home Address: | | | | | | | | | |
| Telephone # (w/area code): | Number and Street Name | | | | | City | State | Zip Code | |
| Complete E-Mail Address: | | | | | | | | | |
| Complete E-Iviali Address: | - | | | | | | | | |
| CE WAIVER TYPE: | NOTE: All o | ccurrer | nces mu | st occur wit | thin the | current two (2) y | ear licensing | cycle only. | |
| Incapacitating Illness: | | | | | | | | | |
| <u>or</u> | | | | | | | | | |
| Active Duty (US Military) | | | | | | | | | |
| <u>or</u> | | | | | | | | | |
| Emergency | | | | | | | | | |
| <u>or</u> | | | | | | | | | |
| Hardship (Not Financial) | | | | | | | | | |
| | | • | | | | | | | |
| NOTE: Detailed documentation <u>MUST BE</u> provided for any of the above occurrences. NJREC may request additional documentation. | | | | | | | | | |
| Have you completed any cre | dits during | he cur | rent lic | ensing cyc | le? | YES N | 0 | | |
| (If YES, please provide all "original" Certificates of Completion) | | | | | | | | | |
| I DO HEREBY CERTIFY THAT ALL INFORMATION PROVIDED, AND ANY ATTACHMENTS, ARE TRUE AND ACCURATE | | | | | | | | | |
| 1 30 HEREDI CERRITI HIAI | ALL IIII OIII | | ······································· | , A.ID | , | i i i i i i i i i i i i i i i i i i i | IL INOL AII | ACCOUNTE | |
| | SIGN Full Legal Name | | | | | DATE (m | DATE (mm/dd/yy) | | |