



**Instructions:** Request for waiver of continuing education requirements must be submitted to the address shown above no later than 90 days prior to the end of the continuing education compliance period for which such waiver is requested. The Commissioner will provide written notice within 30 days of receipt of the waiver request. Any waiver granted pursuant to this section will be valid only for the compliance period stated in the application.

A waiver for continuing education does not include mandatory training requirements.

*Pursuant to s. 601.72, Wis. Stats. Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.)*

Last Name	First Name	Middle Initial
Mailing Address		
City	State	Zip Code
E-mail		
Daytime Telephone Number	License Number	Expiration Date of Current License
<p>Reason for waiver:</p> <p><input type="checkbox"/> Long-term illness or incapacity      Provide a physician certification (must be on a doctor's stationery or letterhead). Include a description of illness or disability. Indicate the date of incident and anticipated date of recovery. Explain how this condition prevents the agent from completing the required continuing education credit hours.</p> <p><input type="checkbox"/> Active Duty in the armed forces      Include dates and location of duty outside of the state of Wisconsin, signed by the Commanding Officer.</p> <p><input type="checkbox"/> Other emergency situation      Describe the emergency situation and explain why the agent believes a waiver should be granted.</p>		
<p><b>Certification</b></p> <p>I state that I have read and knowingly made the foregoing statements and representations and that each and all statements and representations are true to the best of my knowledge. I understand that any misrepresentation, false statement, or fraud in connection with this application may be cause for revocation or suspension of my license or may be cause for denial of application in addition to any other penalties or both.</p>		
Signature of Licensee		Date