

Request for Waiver of Continuing Education Requirements



State of Wisconsin
 Office of the Commissioner of Insurance
 Agent Licensing Section
 P.O. Box 7872
 Madison, Wisconsin 53707-7872
 (608) 266-8699 • Fax: (608) 267-9451
 E-Mail: ociagentlicensing@wisconsin.gov
 Web Address: oci.wi.gov

Ref: Section Ins 28.05, Wis. Adm. Code

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.

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>Certification 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