

## Department of State Licensing Services

New York State
Department of State
Division of Licensing Services

P.O. Box 22001 Albany, NY 12201-2001 Customer Service: (518) 474-4429

https://dos.ny.gov

## **Military Spouse Waiver Application**

Applies to the following (check only one):

The Department of State will grant a license to an applicant who is a member of the household of a member of the armed forces of the United States, National Guard or Reserves if the following criteria are met: the applicant must have moved to New York due to orders for military services, actively used the license during the two years immediately preceding the move and must remain in good standing with both the licensing authority that issued the covered licensed and every other licensing authority that issued a license valid for a similar scope of practice.

☐ Real Estate Bro	oker □ Real Estate Sales	person   Appearance	Enhancement Operator [	☐ Barber Operator ☐ Other	
Icense application  A copy of  A copy of  Evidence of the date  For Real Estate A  you must submit e act as a real estate license term, at lead completed during statutes and regula  For Appearance I that they were a m	n and fee to the above ad United States Uniformed Military Orders showing rof current licensure in the of the NYS license applapplicants: If you have be evidence (e.g., profession e broker or salesperson. ast eleven hours of the rethe first year of the term. ations governing the prace Enhancement and Barb	dress. Services Identification move to New York State form of a current certification. Deen actively licensed for al letters of reference) Note: If the waiver is grequired twenty-two and Of those eleven hours, ctice of real estate broker Applicants: Application of the arm	and Privilege Card or Dele. fication. The license musfor a period of at least one demonstrating your compranted and a license is issone-half hours (22 ½) of a three hours shall pertainers and salespersons.	pendent Identification Card.  It be effective within one year  e year but less than two years, betency and trustworthiness to sued, in the individual's initial continuing education shall be to applicable New York State  years must provide evidence States, national guard or	
Last Name:		First Name:		Middle Initial:	
Address:					
City:		State:		Zip+4:	
Telephone Number:					
State Licensed With:					
United States Uniform	Services Identification and Priv	ilege Card or Dependent Ide	ntification Card Number:		
I subscribe and aff	firm, under penalties of p	erjury, the statements i	n this application are true	and correct.	
Signature:			Date:		
		For office use	only:		
Approved:	Denied:	Bv·	Date:		