

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING

Gennet Purcell  
Commissioner



**CONTINUING EDUCATION  
REQUEST FOR WAIVER**

Section 106.26 of Title 26 of the District of Columbia Municipal Code (DCMR), provides for a request for waiver from CE Requirements. Request for a waiver shall be made in writing and shall be submitted to the Commissioner no later than 90 days prior to the end of the license period. The Commissioner shall grant or deny a request for waiver within 30 days of the receipt of the requests. A waiver granted pursuant to this subsection shall be effective only for that particular license period. Waiver requirements for "good cause" are as follows:

- Long term illness, or incapacity
- Active Duty in the armed services of the United States outside of the Washington Metropolitan Area; or
- any other emergency deemed sufficient by the Commissioner

**Please Print Clearly**

<b>Last Name</b>	<b>First Name</b> <b>MI</b>		
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Daytime telephone number:</b> (    )	<b>License Number:</b>
<b>License Period for which waiver is applied:</b>	
<hr/> <b><u>Written reason for requesting waiver – explain in writing why you believe a waiver should be granted, supporting documentation such as physician certification, armed forces certification, or other documentation deemed appropriate must be attached;</u></b>	
<input type="checkbox"/> Physicians Certification: Must include a description of disability and anticipated date for recovery and return to duty.	
<input type="checkbox"/> Armed Forces Certification: Must include dates and location of duty outside of District of Columbia, signed by the commanding officer.	
<p><b>Certification:</b> I state that I have read and knowingly made each and all statements and representations to be 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 insurance license or may be cause for denial of application in addition to any other penalties or both.</p>	
Date: _____	Signature of Licensee: _____
Mail to: Government of the District of Columbia Department of Insurance Securities and Banking ATTN: Sheila Johnson-Parker, Insurance Licensing Specialist 810 – 1 <sup>st</sup> Street, N.E., Suite 701 Washington, DC 20002	
<b>DISB USE ONLY:</b>	
Approved <input type="checkbox"/> Denied <input type="checkbox"/> Name: _____ Title: _____	
Date of Exemption: _____	
<b>Updated 09/29/2009</b>	