STATE OF NEW JERSEY

BOARD OF TREE EXPERTS

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Jackson, NJ 08527
732-534-0982
Email: njtreeexperts@dep.nj.gov
Website: nj.gov/njbte/

APPLICATION FOR WAIVER OF CEU REQUIREMENT

Name: _____ LTE/LTCO # _____ License # _____

Email:_____ Phone: _____

I am hereby applying for a waiver for continuing education credits for my license, which is due to renew on: _____

N.J.A.C. 7:3A-7.1 (c) A licensee may request that the Board grant a waiver of the continuing education requirement for any of the following reasons: illness certified by a physician, disability, military deployment, or other good cause deemed acceptable by the Board. Any licensee seeking a waiver of the continuing education requirements shall submit a request to the Board in writing specifying the reasons for the request by October 31 of the second year of the two-year biennial license period. The licensee shall also provide the Board with such information as it may reasonably request in support of a waiver request. The Board shall notify the licensee in writing whether it approves the licensee's waiver request.

Reason for waiver request: _____

_____

_____

How many CEUs do you have so far in this licensing period? _____

Please list any CEU classes and dates received during this two-year licensing period:

Date of Class	Name of Class	Organization Giving Class	CEUs

APPLICATION FOR WAIVER OF CEUs, Continued

I am submitting the following documentation in support of this application:

_____

_____

_____

Please attach the above documentation to this application form.

I declare, subject to the penalties for perjury, that the statements made herein and on the accompanying documents have been examined by me and to the best of my knowledge and belief are true and correct. I further understand that a false statement knowingly made by me may be cause for denial of the application or suspension or revocation of any certification issued pursuant to this application.

I understand that only one waiver will be approved for any individual.

Signature of Applicant: _____ Date: _____