

**REQUEST FOR FULL CONTINUING EDUCATION WAIVER**

I, \_\_\_\_\_ (*Print name as shown on license*), hereby certify that to the best of my knowledge and belief, I am qualified to be granted a full waiver from the continuing education requirements as prescribed by Section 40-57-340(B)(1)(d) of the South Carolina Real Estate License Law based on the following:

I am at least 65 years of age. **(Please submit copy of state-issued Photo ID with date of birth)**

I have been licensed in South Carolina for a minimum of twenty-five (25) years.

\_\_\_\_\_  
**Approximate date first licensed**  
(*Will be verified by Commission Staff*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Preferred Mailing Address (Street or PO Box)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Mail Completed Form to:**

**LLR Real Estate Commission  
Attention: Continuing Education Waiver  
PO Box 11847  
Columbia, SC 29211-1847**

**Or Email to: [Contact.REC@llr.sc.gov](mailto:Contact.REC@llr.sc.gov)**