



Division of 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
www.dos.ny.gov

Military Spouse Waiver Application

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 and who meet the qualifications.

Applies to the following (check only one):

Real Estate Broker Real Estate Salesperson Appearance Enhancement Operator Barber Operator

To request a military spouse waiver, you must complete this form and submit the below documentation along with your license application and fee to the above address.

- A copy of United States Uniformed Services Identification and Privilege Card or Dependent Identification Card.
- Evidence of current licensure in the form of a current certification. The license must be effective within one year of the date of the NYS license application.

(For Real Estate Applicants: If the Department deems a state's education standards less rigorous than those required for licensure in New York State, you will be required to take and pass the NYS Real Estate examination before a license is issued to you. If the waiver is granted and a license is issued, you will be required to take 11 hours of continuing education within the first year of the two-year term. Of those 11 hours, 3 must pertain to applicable New York State statutes and regulations governing the practice of real estate brokers and salespersons and at least one hour of instruction pertaining to the law of agency or in the case of the initial licensing term for real estate salespersons, two hours of agency related instruction.)

Last Name:		First Name:		Middle Initial:
Address:				
City:		State:		Zip+4:
Telephone Number:				
State Licensed With:				
United States Uniform Services Identification and Privilege Card or Dependent Identification Card Number:				

I subscribe and affirm, under penalties of perjury, the statements in this application are true and correct.

Signature: _____ Date: _____

For office use only:

Approved: _____ Denied: _____ Exam Req: _____ By: _____ Date: _____