

Application for  
**UPGRADE**  
of  
**ALTP to CLTP**  
**Designation**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date ALTP designation was obtained: \_\_\_\_\_

(Only use this form if you have already received the ALTP designation)

I have earned a total of 1250 points and I wish to UPGRADE to the designation of CLTP.  
My check in the amount of \$50.00 is attached made payable to the MLTA

\_\_\_\_\_  
Applicant

Dated:

APPROVED BY THE BOARD:

Your application to receive your CLTP designation as outlined above has been approved  
and the date and location selected

\_\_\_\_\_  
Committee Chairperson