



Application to take Professional Designation
Exam

for

THE DESIGNATION

of

Certified Land Title Professional

or

Associate Land Title Professional

Applicant's Name: _____

Address: _____

Phone: _____

Email: _____

check appropriate box:

___ CLTP designation 1250 points earned

___ ALTP designation 900 points earned

Date and location preferred to take exam: (SEE MLTA website)

April _____ or October _____

at the office of Michigan Land Title Association

Cusmano Kandler & Reed, Inc.

124 W. Allegan, Suite 1700

Lansing, MI 48933

(517) 485-4044

(517) 485-4045 - fax

My check in the amount of \$150.00 (non-refundable fee) is attached made payable to the MLTA

Applicant

Dated:

APPROVED BY THE BOARD:

Your application to sit for the Examination as outlined above has been approved and the date and location selected

Committee Chairperson