

Letter of Standing Request

Date: _____ CMLTA/CSMLS #: _____

Name: _____ Email Address: _____

Name of Regulatory Body: _____

Address of Regulatory Body: _____

Email of Registrar of Regulatory Body: _____

NOTE: Letters of Standing will only be issued to the email address provided.

Cost: \$50

Method of Payment:

(NOTE: Visa Debit cards are not accepted)

Visa Card #: _____ Expires: _____

MasterCard Credit Card Authorization Signature: _____

Money Order

For Office Use only: (Code 4151)

Date received: _____

Date completed: _____

Completed by: _____