

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 and after payment of the required fee.

Fee: \$50

Method of Payment:

(NOTE: Visa Debit cards are not accepted)

Visa Card #: _____ Expires: _____

MasterCard Credit Card Authorization Signature: _____

Money Order

Declaration:

By submitting this form, I hereby acknowledge the CMLTA will release all information related to my registration history, Continuing Competence Program compliance, and professional conduct and discipline records.

SIGNATURE (mandatory):

_____ **DATE:** _____