

## 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:** \_\_\_\_\_