

Certified Land Title Institute Section
of the
Florida Land Title Association, Inc.
Application for examination for CLC/CLS designation

(EVERY BLANK MUST BE FILLED IN – PLEASE PRINT CLEARLY OR TYPE)

Date _____ Applying as: _____ FLTA Member **OR** _____ NON-FLTA Member

2012 **TENTATIVE** Test locations (pick ONE):

___ Daytona Beach ___ Ocala ___ Port St. Lucie ___ Tallahassee ___ Tampa

If you do not select a preference, one will be assigned to you. Every effort will be made to schedule your test at the site closest to your home address unless you indicate otherwise. Your final test site will be included in your approval notice along with contact information for your test administrator. PLEASE CALL YOUR TEST ADMINISTRATOR NO LATER THAN THE DAY OF THE TEST IF FOR ANY REASON YOU CANNOT ATTEND.

Designation Application is for: ___ C.L.C ___ C.L.S. ___ Partial *

***If Partial**, attach a copy of your notification letter identifying the part you need to re-take

Applicant Name (For Plaque) _____

Florida Licensed Title Agent: ___ Yes ___ No

(If **YES** – we need your **License #** (or SS#) & Date of Issue to report your CE credits after passing the test)

License Issue Date: _____ License #(or SS #) _____

Residence Address: _____

City, Zip Code _____ County _____

Name of Employer: _____

Business Address: _____

City, Zip Code _____ County _____

Applicant's Position: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

I hereby certify that all information enclosed is true and correct.

Signature of Applicant: _____

Resume Form, Employer's Certification and fees must be included for application to be processed.

Deadline to Apply: April 20, 2012