



CERTIFIED PROFESSIONAL LEASE AND TITLE ANALYST APPLICATION FORM

I hereby authorize the NALTA Certification Committee to verify all information provided herein or attached hereto. All statements in this application are true and correct to the best of my knowledge, and I understand that any misstatement of facts deemed material is grounds for denial of my application. I furthermore agree that in the event Certification is not granted to me, or if granted, is later revoked for any reason, I will make no claim against the National Association of Lease and Title Analysts, its officers, board of directors, any committee, individual member or employee.

I pledge that if I am accepted as a Certified Professional Lease and Title Analyst, I will strive to maintain a high degree of professional competence, and moral and professional integrity.

Signature _____ Date _____

PERSONAL INFORMATION

Full Name* _____

Home Address _____ Phone _____

City, State, Zip _____ E-mail _____

Member of NALTA? Yes _____ No _____

EMPLOYMENT

Current Employer _____

Address _____ Phone _____

City, State, Zip _____

Job Title _____ Supervisor _____

Employment Date _____ Job Description _____

Correspondence regarding certification should be directed to my: Home _____ Office _____

EMPLOYMENT HISTORY

The following information must be provided for each job you have held which you wish to have considered toward satisfaction of the experience requirement of the program. Space is provided for three employers. Different positions, with varying responsibilities, for the same employer should be listed under the same employer. Should more space be required, please attach a separate sheet providing the same information as requested.

Employer _____

Address _____ Phone _____

City, State, Zip _____

Job Title(s) _____ Supervisor _____

Employment Date(s) _____ Job Description _____

* Include any names under which educational and employment records may be filed.

Employer _____

Address _____ Phone _____

City, State, Zip _____

Job Title(s) _____ Supervisor _____

Employment Date(s) _____ Job Description _____

Employer _____

Address _____ Phone _____

City, State, Zip _____

Job Title(s) _____ Supervisor _____

Employment Date(s) _____ Job Description _____

EDUCATION – Post-Secondary Schools

In the event applicant attended more than one institution of higher education, or received more than one degree, please attach a separate sheet providing the same information as requested below:

NAME OF INSTITUTION

Address _____

City, State, Zip _____

Years attended _____ Did you graduate? _____

If you graduated, what degree did you receive? _____

Major area of study _____

SPONSORS

Each applicant is required to secure three sponsors, two of which should be members of NALTA, the third being a present or former supervisor of the applicant. Each sponsor must complete a form attesting to his or her personal knowledge of applicant's work experience and ethics. Sponsors may be required to answer other questions from the Certification Committee, and should be so advised by the applicant. The name and address of sponsors should be provided below. Sponsor verification forms are attached hereto and must be given by the applicant to the sponsor. The sponsors must mail the letters to the Certification Committee directly.

1) _____
NAME POSITION COMPANY

ADDRESS

2) _____
NAME POSITION COMPANY

ADDRESS

3) _____
NAME POSITION COMPANY

ADDRESS