

Application for  
Conversion  
of  
**ALTP to CLTP  
Designation**

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date: \_\_\_\_\_

Date ALTP designation was obtained: \_\_\_\_\_

**Requirements:**

- \_\_\_\_\_ Copy of individual active Michigan Resident Producer License
- \_\_\_\_\_ Non-refundable fee of \$50.00 payable to the MLTA
- \_\_\_\_\_ Proof of a total of 2 full years as an MLTA committee member or 1 full year as an MLTA committee chair or co-chair
- \_\_\_\_\_ Proof of passing the ALTA 201 course
- \_\_\_\_\_ Proof of additional MLTA "events" if needed

\_\_\_\_\_  
Applicant

Dated:

**APPROVAL BY THE BOARD:**

Your application to receive your CLTP designation as outlined above has been approved

\_\_\_\_\_  
Committee Chairperson  
Date: \_\_\_\_\_

\*\*Please email this completed form and documentation to: [marcy@consultingbyml.com](mailto:marcy@consultingbyml.com)  
or [lauren@consultingbyml.com](mailto:lauren@consultingbyml.com)