



**NOTICE of 2017 Examinations for  
Certified Land-Title Searcher (CLS) and  
Certified Land-Title Closer (CLC) Designations  
AND Application Instructions & Forms**

**To: All Members of Florida Land Title Association, Inc. AND Florida Title Professionals**

**From: Certified Land Title Institute**

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The examinations for the CLS and CLC designations will be held on Saturday, **June 10, 2017**. Notice of locations will be given with the application approval letters.

We urge you to encourage all of your qualified staff members to take the exam. Ten (10) hours of Continuing Education Credits will be earned for licensed title agents who are successful in passing the exam.

To qualify for the examination, one must:

1. Have credible full-time experience in the state of Florida for at least a period of five (5) years must be met prior to application deadline, all with an Abstract or Title Insurance Company, or Agent thereof. Two (2) years experience out of state may be substituted for one (1) year of Florida Experience. The maximum out of state experience allowed will be four (4) years.
2. Submit to the C.L.T. Institute SECRETARY the following forms:
  - a. Completed **Application** (C.L.C. or C.L.S.) from the applicant.
  - b. Completed **Employer's Certification** from the Manager, or in the event the Manager is the applicant, from their immediate supervisor, verifying the applicant's experience, position and qualifications for taking the examination.
  - c. Detailed **resume** of title insurance experience that includes: name, address, phone number, contact person, dates of employment of current and previous title insurance related positions. You must also give details of title insurance related duties and length of experience in each position held. The applicant must have performed the duties of the closer/searcher during the 5 years minimum requirement. Working for a title company in any other capacity will not necessarily meet the requirement of sitting for the exam.
  - d. **Fees** for both the application and the examination:
    - i. must be sent with the forms referenced in item 2 above, made payable to the Florida Land Title Association, Inc. (or FLTA is also acceptable) and
    - ii. mailed to the CLT Institute SECRETARY (NOT the FLTA address). **These fees are non-refundable.**

**Do NOT mail checks or applications for CLT testing to the FLTA office. You MUST be sure to use the CLTI Secretary's mailing address or your application may not be processed in time for this year's testing.**

The Governing Council has set a charge for FLTA members of \$60.00 as the application fee and \$40.00 for the examination fee. The charge for Non-FLTA members is \$150.00 as the application fee and \$150.00 for the examination fee. **These fees are non-refundable.**

So that applications may be processed in time, all applications, employer certifications, resume and fees due must be received by:

**April 14, 2017**

***No applications will be accepted beyond this deadline!***

Notice of approval of the applications, will be sent no later than May 8, 2017.

Notices will be mailed to the RESIDENCE address supplied on the application submitted. An Email confirmation notice will also be sent. If you do not receive the email notice by May 8, 2017, please contact Allison Fowhand using the contact information provided below.

**All documents as well as payment should be forwarded to:**

**Allison Fowhand, CLS  
(Secretary of CLT Institute- FLTA)  
WFG National Title  
508 Airport Rd – Suite C  
Panama City, FL 32405**

**Do NOT send applications or testing funds to the FLTA address.**

**Choosing to do so will most likely prevent your application from being reviewed and processed in a timely manner and may cost you the opportunity to take one of the tests this year.**

Copies of the **application, employer certification, resume forms** and **study outlines** and guides for both tests are available at [www.flta.org](http://www.flta.org) then choose **Certified Land Title Institute** section, to access the forms. If for any reason the links do NOT work you may contact Allison for assistance with the forms. These forms must be used. Previous versions will be rejected.

If your office does not already have The **Basic Title Insurance Handbook** and the supplement chapters from **Florida Land Titles** book by H.D. Booth, copies are now available on CD from the FLTA office and are also helpful study aids. Select the **Hand Book Order & Supplement Form** for details on placing an order.

**If you have any questions related to the CLT and the test requirements or information needed, please contact Allison Fowhand, Institute Secretary, at 850-624-8671, or by e-mail [afowhand@wfgnationaltitle.com](mailto:afowhand@wfgnationaltitle.com)**

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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  
2017 **TENTATIVE** Test locations (pick ONE): \_\_\_ Deltona \_\_\_ Ocala \_\_\_ Panama City  
\_\_\_ Port St. Lucie \_\_\_ Sunrise \_\_\_ 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 is true and correct.**

Signature of Applicant: \_\_\_\_\_

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

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**Deadline to Apply: April 14, 2017  
Test Day: Saturday, June 10, 2017**

## **RESUME FORM**

**Complete this Form for Current and All Previous Employers**

Name of Applicant: \_\_\_\_\_

Name of Current Employer: \_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number/Contact Person: \_\_\_\_\_

Full Dates of Employment:            From: \_\_\_\_\_ To: \_\_\_\_\_

FLTA Member:  Yes    No

Position Held: \_\_\_\_\_

Detail of Title Insurance Duties and Length of Experience: \_\_\_\_\_

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**Deadline to Apply: April 14, 2017**  
**Test Day: Saturday, June 10, 2017**

Complete this form for EACH title insurance employer. Duplicate as needed.  
Previous employment must be verifiable to take test.  
Be Sure information is complete

**EMPLOYER'S CERTIFICATION**

Designation Applied for: \_\_\_\_\_ C.L.C.    \_\_\_\_\_ C.L.S.

Applicant's Name: \_

The Applicant's CURRENT position and duties are: \_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Applicant has been employed by this company since: \_\_\_\_\_

I have been the applicant's supervisor since: \_

This company has been a member of the Florida Land Title Association since: \_\_\_\_\_ **OR**  
This company is currently NOT a member of the Florida Land Title Association \_\_\_\_\_ (Only check if applicable)

I, \_\_\_\_\_ being the immediate supervisor of the above named applicant, hereby certify that this applicant has a minimum of five years related experience as a **searcher / closer (circle one)** and is qualified to take the designated examination.

Company \_\_\_\_\_ Name: \_\_\_\_\_

\_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Telephone number(s): \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_ Dated: \_\_\_\_\_

Signature of Immediate Supervisor

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, by \_\_\_\_\_ who is personally know to me or produced \_\_\_\_\_ as identification, and who (did) take an oath.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

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