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 GRAND JUNCTION, CO 81502
 1 (800) 479-3089 • FAX (970) 242-2330

**CERTIFIED TITLE INSURANCE SPECIALIST
 VETERAN DESIGNATION APPLICATION**

PERSONAL INFORMATION – PLEASE PRINT OR TYPE

FIRST NAME	INITIAL	LAST NAME	DATE
EMPLOYER			HOME PHONE
BUSINESS ADDRESS			BUSINESS PHONE
CITY, STATE, ZIP			BUSINESS FAX

EMPLOYMENT HISTORY

COMPANY NAME/ADDRESS	FROM	TO
COMPANY NAME/ADDRESS	FROM	TO
COMPANY NAME/ADDRESS	FROM	TO
COMPANY NAME/ADDRESS	FROM	TO

MEMBER RECOMMENDATION

THE UNDERSIGNED, BEING THE _____ OF _____
 TITLE COMPANY
 HEREBY CERTIFIES THAT THIS APPLICANT IS AN EMPLOYEE OF THIS COMPANY, WHICH IS A MEMBER IN GOOD STANDING OF THE
 LAND TITLE ASSOCIATION OF COLORADO, AND RECOMMENDS THE ACCEPTANCE OF THIS APPLICATION

 Date Signature

The following documentation must be submitted with your application for the C.T.I.S. Review process
 (Please mark the appropriate blanks)

- | | |
|-------------------------------------------------------|----------------------------------------------|
| _____ Title Agent/Producer License (Optional) | _____ Employer's Verification Letter |
| _____ Copies of Colorado Title Institute Certificates | _____ Copies of Certificates or |
| _____ Resume of Title Insurance Business Experience | _____ Evidence of Completion of ALTA Courses |
| _____ \$75.00 Application Fee (Non-refundable) | |

I affirm that all information provided is true and correct to the best of my knowledge. I do hereby certify that I have read and understand the Land Title Association of Colorado qualification and requirements, and that I shall be guided and bound by the same. I hereby agree to follow the rules and regulations promulgated by the Land Title Association of Colorado.

 Date Applicant's Signature

C.T.I.S. DESIGNATION COMMITTEE RECOMMENDATION

The undersigned, being Members of the Designation Committee, hereby certify that the information, including accompanying exhibits, has been reviewed by the Committee and the Committee recommends approval of the applicant for the description of "CERTIFIED TITLE INSURANCE SPECIALIST"

 Date Chairman Committee Member

 Committee Member

I affirm that the above Company is a Member in good standing with the Land Title Association of Colorado

 Date LTAC Administration