



A. Verification of Information



I understand that, in order to process my application, CASTLE Worldwide may verify my education, employment history, and/or professional references. I agree to cooperate in such a review and will allow others to provide information regarding my abilities and experience. I hereby solemnly declare and affirm, under the penalties of perjury that the facts and matters contained in the following foregoing application are true and correct.

I agree with the above statement. Please process my application.

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B. Inclusion on the Registry



I understand that Licensing Executives Society (LES) will maintain a registry of certified licensing professionals (CLPs) that will be accessible to the general public via an LES-sponsored website. I agree to participate in such a registry using the name, city, and state that appear on my certification application. I understand that I may modify or remove myself from the registry at any time.

- I agree with the above statement and wish to be included on the registry. Please list my name, city and state as they appear on my certification application. In addition, please include the following contact information. *(Please select all that apply.)*
 - Daytime telephone number as it appears on my certification application.
 - Electronic mail address as it appears on my certification application.
- I disagree with the above statement and wish to be excluded from the registry.

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C. Code of Conduct Acknowledgement



I understand and agree to follow the **CLP Rules of Conduct** as noted in the application.

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D. Contact Information



First Name:

Middle Initial:

Last Name:

Address 1:

Address 2:

City:

State/Province:

Zip Code:

Country:

Telephone: (111) 111-1111

Account Creation

E-mail (this will be your username):

Password:

Verify Password:

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E. Education



To sit for the certification examination, the candidate must have received a Bachelor's degree or higher from an accredited university.

List education completed in order, starting with the Bachelor's degree. Add additional degrees as appropriate. If audited, the candidate is responsible for submitting proof of education. Proof of education may be a copy of a transcript or diploma from the academic institution of the highest level of academic achievement.

College/University:

City:

State/Province:

Zip Code:

Country:

Year(s) Attended: (i.e. 2005-2007)

Degree:

College/University:

City:

State/Province:

Zip Code:

Country:

Year(s) Attended: (i.e. 2005-2007)

Degree:

College/University:

City:

State/Province:

Zip Code:

Country:

Year(s) Attended: (i.e. 2005-2007)

Degree:

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F. Employment Information



To sit for the certification examination, the candidate must work in the field at the time of submission of the CLP application. The candidate must have at least three years of professional-level experience involving the development, use, transfer, marketing, and/or management of intellectual property. The candidate must have accumulated the three years of experience within the prior eight years.

List employment in order, starting with the present or most recent employer. If audited, the candidate authorizes the employers listed in the employment section to provide CASTLE Worldwide, on behalf of LES, any and all information concerning his/her current or previous employment.

Work Experience 1 - Current Employer:

Employer:
Street:
City:
State/Province:
Zip Code:
Country:
Telephone: (111) 111-1111
Start Date:
End Date:
Job Title:
Total Months of Applicable Experience:
Supervisor Name:
Supervisor Title:
Licensing-Related Duties:
 0/2000 characters used/character max

Work Experience 2 - Previous Employer

Employer:
Street:
City:
State/Province:
Zip Code:
Country:
Telephone: (111) 111-1111
Start Date:
End Date:
Job Title:

Total Months of Applicable Experience:

Supervisor Name:

Supervisor Title:

Licensing-Related Duties:

0/2000 characters used/character max

Work Experience 3 - Previous Employer

Employer:

Street:

City:

State/Province:

Zip Code:

Country:

Telephone:

Start Date:

End Date:

Job Title:

Total Months of Applicable Experience:

Supervisor Name:

Supervisor Title:

Licensing-Related Duties:

0/2000 characters used/character max

Work Experience 4 - Previous Employer

Employer:

Street:

City:

State/Province:

Zip Code:

Country:

Telephone:

Start Date:

End Date:

Job Title:

Total Months of Applicable Experience:

Supervisor Name:

Supervisor Title:

Licensing-Related Duties:

0/2000 characters used/character max

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Add Employment Info

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G. Professional References



To sit for the certification examination, the candidate must provide three professional references who can attest to your licensing education and experience.

If audited, the candidate authorizes the references listed in the professional reference section to provide CASTLE Worldwide, on behalf of LES, any and all information concerning his/her current or previous education, employment, and experience.

Professional Reference 1

Name:
Company:
Title:
Address:
City:
State/Province:
Zip Code:
Country:
Telephone: (111) 111-1111
E-mail:

Professional Reference 2

Name:
Company:
Title:
Address:
City:
State/Province:
Zip Code:
Country:
Telephone: (111) 111-1111
E-mail:

Professional Reference 3

Name:
Company:
Title:
Address:
City:
State/Province:
Zip Code:
Country:
Telephone: (111) 111-1111

E-mail:

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Final Agreement



- Via submission of this application electronically or otherwise, you certify that the information provided herein, is true and complete.

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Application Payment



CLP CLP Exam

Currently, the application fee for all candidates is \$995. The application fee includes the processing of the application and two testing opportunities within a 13-month period that begins with the application submission. If the candidate does not take the examination or does not successfully complete the examination within the 13-month period, then the application is closed and the candidate must reapply and pay the application fees again.

The fee must be paid in U.S. funds. The application fee is not refundable

Please note that applications may be audited in order to verify the candidates' adherence to the eligibility requirements. Candidates selected for audit will not receive their certification until they have satisfied the auditing requirements.

Credit Card Purchase	
Customer ID:	856681871
Total Price:	\$995
Credit Card Number:	<input type="text"/>
Expiration Date:	<input type="text"/> eg. 02/05
Card ID Number:	<input type="text"/> help me find it
Date of transaction:	7/31/2008 2:13:21 PM
<input type="button" value="Complete Purchase"/> <input type="button" value="Reset"/>	
  	