



# Certified Lifestyle/Niche Specialist Certification Form

The Travel Institute • 945 Concord Street, Framingham, MA 01701  
Tel: 781-237-0280, 800-542-4282 • Fax: 781-237-3860 •  
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When you have successfully completed the Lifestyle/Niche Market Specialist test and have completed your Experiential Checklist you will want to fill-in and return this form to complete the steps for earning the second level of your specialization program – the Certified Lifestyle/Niche Specialist designation.

## 1. Background Information

Name \_\_\_\_\_

☐ Male ☐ Female

Preferred Email Address \_\_\_\_\_

Company \_\_\_\_\_

Title \_\_\_\_\_

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

City/Town \_\_\_\_\_

State/Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Fax \_\_\_\_\_

Home Address \_\_\_\_\_

City/Town \_\_\_\_\_

State/Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Fax \_\_\_\_\_

Preferred mailing address: ☐ Home ☐ Business

If you and/or your agency are affiliated with a chain, franchise, consortium, and/or trade organization please list all affiliations here:

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

## 2. Statement of Travel Industry Experience

To earn the Certified Lifestyle/Niche Specialist designation, candidates must possess at least 12 months of cumulative travel industry work experience, with a minimum standard of 1,000 hours annually. The Travel Institute may contact the following past or present employers for verification. Should you require additional space, please attach a separate sheet.

Dates: Month/Year	Firm, City, State	Title, Description of Responsibilities
From: To:		
From: To:		
From: To:		

## 3. Your Certified Lifestyle/Niche Market Specialist Certificate

Please type or print your name as you would like it to appear on your certificate.

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

#### 4. Notarization

**Please read carefully the statement below. Sign, date, and have this form notarized by a Notary Public before submitting to The Travel Institute.**

I recognize that The Travel Institute is a tax-exempt institution organized and operated for educational purposes. I further recognize that The Travel Institute seal is registered with the Commissioner of Patents of the United States Patent Office. In recognition of the above and in consideration of my certification, I agree that I will use such service marks only upon the terms and conditions prescribed from time to time by The Travel Institute's Board of Trustees and in a manner consistent with The Travel Institute's educational goals. I agree that I will use The Travel Institute's seal only with written permission from The Travel Institute. I further agree that I will not use the initials "CLS" as a designation after my name. The best way to indicate this certification by The Travel Institute is to spell out the words with the specialization (ex: Certified Adventure Travel Specialist.)

I hereby certify that all statements made by me in this application are true and correct, to the best of my knowledge. I authorize the Institute to investigate all statements and references contained herein and I agree that misrepresentation of facts called for in this application may affect my certification by The Travel Institute.

X

Candidate Signature

#### **This section to be completed by Notary Public:**

SUBSCRIBED and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_

(Notary Public Seal Here)

X

Notary Public Signature

Date

#### 5. Certification Fee

Enclosed please find my payment of \$25 in the form of:

☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it Appears on the Card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Check made payable to: The Travel Institute

#### **Mail or fax to:**

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