



**Certification Council for  
Professional Dog Trainers®**

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Professional Dog Trainers

**Attestation Statement**

Candidate's Name: \_\_\_\_\_

Candidate's Address: \_\_\_\_\_

The candidate named above is registering to sit for an examination offered by the Certification Council for Professional Dog Trainers. By signing this reference, you indicate that to the best of your knowledge and belief the candidate has successfully demonstrated a positive relationship with clients, including the safe handling of dogs, in his/her role as a dog training or canine behavior professional in your community.

Reference Name (Please Print): \_\_\_\_\_

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

Reference Phone Number: \_\_\_\_\_

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

Check one:  Veterinarian License Number: \_\_\_\_\_

CCPDT Certificant Certificate Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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