



Certification Council for
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: _____

Reference Address: _____

Reference Phone Number: _____

Signature: _____

Date*: _____

Check one: Veterinarian License Number: _____

CCPDT Certificiant Certificate Number: _____

Expiration Date*: _____

Please print. All fields are required.

** Attestation Statements are valid for one (1) year from the Signature Date provided the CCPDT Certificiant's certification is still valid (if applicable).*