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 the candidate's role as a dog trainer or canine behavior consultant.

Reference Name: _____

Reference Address: _____

_____

Reference PhoneNumber: _____

Signature: _____ * Date: _____

Check one:

__ Veterinarian — License Number: _____

__ CCPDT Certificant — Certificate Number: _____

Expiration Date: _____

__ IAABC CDBC — Expiration Date: _____

__ ABS ACAAB — Board Certification Date: _____

__ ABS CAAB — Board Certification Date: _____

__ PPAB PCT-A — Expiration Date: _____

__ PPAB PCBC-A — Expiration Date: _____

Please print. All fields are required.

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