



Certification Council for
Professional Dog Trainers

Attestation Statement

Please print. All fields are required. Incomplete forms will NOT be accepted.

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 Phone Number: _____

Signature: _____ *** Date:** _____

Check one: CCPDT Certificant Certificate Number: _____

Expiration Date: _____

Veterinarian License Number: _____

IAABC CDBC Expiration Date: _____

ABS ACAAB Board Certification Date: _____

ABS CAAB Board Certification Date: _____

PPAB PCT-A Expiration Date: _____

PPAB PCBC-A Expiration Date: _____

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