



## Certifier Statement

I have read and understood the principles of the Camelid Companion Certification program and agree to certify llamas on the pass/fail criteria as spelled out in the task descriptions.

NOTE: All Certifiers must be ILR members.

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
ILR Owner Code

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State / Zip

Contact Information:

\_\_\_\_\_  
Phone Numbers (indicate cell, home, business)

\_\_\_\_\_  
E-mail address

If not a sanctioned ILR judge or apprentice, please obtain the signature of a person who has been qualified to certify animals for the CCC.

**I recommend the above individual to be recognized as a certifier for the CCC.**

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name