Directions: The original of this form should be completed and mailed to AKC® for each CGCA event.
KEEP YELLOW COPIES FOR AT LEAST ONE YEAR. In place of this form, Evaluators may submit the
Test Summary online at: http://www.akc.org/cgc-test-summary-test/.

Date of CGCA Test ____________ Organization (club name, etc) ______________________________________

Please mark the ONE category that best describes this test.

❍ Private trainer (non AKC club test) ❍ Therapy/service dog organizations
❍ AKC all breed club (all breeds) ❍ Shelter/rescue/humane societies
❍ AKC obedience club ❍ Veterinary Clinic
❍ AKC specialty club (for one specific breed) ❍ Boarding Kennel
❍ AKC Club – other (agility, field, tracking, etc) ❍ 4-H clubs
❍ Pet super store: Store name __________________ ❍ Other _________________________________

City/State/ZIP of CGCA Test ______________________________________________________________

Main Evaluator __________________________ Approved Evaluator Number (Required) _____________
(Evaluator must have passed online test.)

☐ Check here if this is a new address.

Address ______________________________________________________________________________

City __________________________________ State ______________________ Zip ____________

Phone __________________________ Email ______________________________

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<th>How many dogs entered?</th>
<th>Purebred</th>
<th>Mixed breed</th>
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I have the required experience for conducting CGC and CGCA evaluations. I have worked with other owners
and their dogs and a variety of breeds. I am at least 18 years old. I have read and understand the CGCA
Evaluator Guide. I have not been suspended from AKC. I am an AKC Approved CGC Evaluator.

Evaluator Signature

Thank you very much. Please return to:
AKC • Canine Good Citizen® Department • P.O. Box 900064 • Raleigh, NC 27675-9064
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EVALUATOR COPY