



## Attestation Form for a Certified Portable Sanitation Professional (CPSP)

I, \_\_\_\_\_, have known \_\_\_\_\_  
Your Name Candidate's Name

of \_\_\_\_\_ for \_\_\_\_ years/months and can attest to the best of my  
Company

knowledge that they:

Can read, write, and speak the English language  Yes  No

Have the physical strength and agility to perform the tasks of a Certified Portable Sanitation Professional  Yes  No

Have completed over 2,000 hours of direct field work  Yes  No

Printed Name: \_\_\_\_\_ Your Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_