

The USA KARATE™ Federation

National Office: 1300 Kenmore Blvd, Akron, Ohio 44314, 216/753-3114 Telex 205340

Application to Central Technical Committee for Dan Registration

Personal:

Name: _____ Birthdate: ____/____/____ Current Rank: _____
Address: _____ Phone: ____/____/____ Sex: _____ Age: _____
City: _____ State: _____ Zip: _____
Place of Employment: _____ Occupation: _____
Address: _____ Superior: _____
City: _____ State: _____ Zip: _____ Phone: ____/____/____

Education:

High School Diploma: _____ .A. _____ B.S. _____ M.A. _____ M.S. _____ Ph.D. _____ Other: _____

Technical College: _____ Professional Designation: _____ Date: ____/____/____
School where last degree was received: _____
Date Received: ____/____/____ Address of School: _____

Karate Resume:

Age at Inception of Karate Training: _____ Karate Training Began: Month _____ Year _____
Present Karate Instructor: _____ Place: _____
Current Karate Rank: _____ Date Received: ____/____/____ Style: _____
Rank certification level being applied for: _____ Style: _____ Date: ____/____/____
Organization approved by USA Karate™: _____

Karate History:

<u>Rank:</u>	<u>Date Received</u>	<u>Instructor</u>	<u>Style/Place</u>
10th Kyu	____/____/____	_____	_____
1st Dan	____/____/____	_____	_____
2nd Dan	____/____/____	_____	_____
3rd Dan	____/____/____	_____	_____

COPIES OF ALL DAN RANK CERTIFICATES REQUIRED TO DOCUMENT THE ABOVE

AUTHORIZING YUDANSHAKAI CERTIFICATION

The above applicant is currently certified at the ____ Dan level by the _____ or which I am a authorized Yudanshakai representative. In this capacity I do hereby request that the applicant be recognized at the dan rank of _____. I also do hereby certify that the above named person is fully qualified to perform at the dan level herein requested and is available for physical review should that deem necessary in the issuing of this grade.

Signature: _____ Date: ____/____/____

PERSONAL CERTIFICATION

Under penalty of expulsion from USA KARATE, I hereby certify that the above facts are a true and accurate presentation of my karate history and background. I fully understand that I can be expelled and have any certification or recognition given to me withdrawn in the event of misrepresentation or fraud.

Signature: _____ Date: ____/____/____

STAMP CHOP HERE

OR PUT OFFICIAL SEAL

KARATE DAN RECOGNITION SUPPLEMENT FOR YODAN AND ABOVE.

Karate History:

<u>Rank:</u>	<u>Date Received</u>	<u>Instructor</u>	<u>Style/Place</u>
4th Dan	___/___/___	_____	_____
5th Dan	___/___/___	_____	_____
6th Dan	___/___/___	_____	_____
7th Dan	___/___/___	_____	_____
8th Dan	___/___/___	_____	_____

AWARDS AND CERTIFICATIONS RECEIVED:

Award: _____ Place: _____ Date: ___/___/___ .
 Organization: _____ Phone: _____/_____
 Address: City: _____ State: _____ Zip: _____

Award: _____ Place: _____ Date: ___/___/___ .
 Organization: _____ Phone: _____/_____
 Address: City: _____ State: _____ Zip: _____

Award: _____ Place: _____ Date: ___/___/___ .
 Organization: _____ Phone: _____/_____
 Address: City: _____ State: _____ Zip: _____

Award: _____ Place: _____ Date: ___/___/___ .
 Organization: _____ Phone: _____/_____
 Address: City: _____ State: _____ Zip: _____

Award: _____ Place: _____ Date: ___/___/___ .
 Organization: _____ Phone: _____/_____
 Address: City: _____ State: _____ Zip: _____

Award: _____ Place: _____ Date: ___/___/___ .
 Organization: _____ Phone: _____/_____
 Address: City: _____ State: _____ Zip: _____

Certificate: _____ Place: _____ Date: ___/___/___ .
 Organization: _____ Phone: _____/_____
 Address: City: _____ State: _____ Zip: _____

Certificate: _____ Place: _____ Date: ___/___/___ .
 Organization: _____ Phone: _____/_____
 Address: City: _____ State: _____ Zip: _____

Certificate: _____ Place: _____ Date: ___/___/___ .
 Organization: _____ Phone: _____/_____
 Address: City: _____ State: _____ Zip: _____

Attach additional list if necessary

Current Organizational Activity:

Organization Name: _____ Phone: _____ / _____
Address: City: _____ State: _____ Zip: _____
Position(s) currently held and term: _____

Organization Name: _____ Phone: _____ / _____
Address: City: _____ State: _____ Zip: _____
Position(s) currently held and term: _____

Organization Name: _____ Phone: _____ / _____
Address: City: _____ State: _____ Zip: _____
Position(s) currently held and term: _____

Organization Name: _____ Phone: _____ / _____
Address: City: _____ State: _____ Zip: _____
Position(s) currently held and term: _____

Organization Name: _____ Phone: _____ / _____
Address: City: _____ State: _____ Zip: _____
Position(s) currently held and term: _____

Organization Name: _____ Phone: _____ / _____
Address: City: _____ State: _____ Zip: _____
Position(s) currently held and term: _____

IF MORE SPACE NEEDED ATTACH SEPARATE PAPER

Past Organizational Activity:

Organization Name: _____ Phone: _____ / _____
Address: City: _____ State: _____ Zip: _____
Position(s) currently held and term: _____

Organization Name: _____ Phone: _____ / _____
Address: City: _____ State: _____ Zip: _____
Position(s) currently held and term: _____

Organization Name: _____ Phone: _____ / _____
Address: City: _____ State: _____ Zip: _____
Position(s) currently held and term: _____

Organization Name: _____ Phone: _____ / _____
Address: City: _____ State: _____ Zip: _____
Position(s) currently held and term: _____

IF MORE SPACE NEEDED ATTACH SEPARATE PAPER

ATTACH COPIES OF ALL AWARDS AND CERTIFICATIONS NOTED ABOVE

Courses and Seminars, etc. completed:

Name: _____ Date: ____ / ____ / ____ Sponsor: _____
Name: _____ Date: ____ / ____ / ____ Sponsor: _____
Name: _____ Date: ____ / ____ / ____ Sponsor: _____
Name: _____ Date: ____ / ____ / ____ Sponsor: _____
Name: _____ Date: ____ / ____ / ____ Sponsor: _____
Name: _____ Date: ____ / ____ / ____ Sponsor: _____
Name: _____ Date: ____ / ____ / ____ Sponsor: _____
Name: _____ Date: ____ / ____ / ____ Sponsor: _____
Name: _____ Date: ____ / ____ / ____ Sponsor: _____

ATTACH COPIES OF RECORDS OF COURSE COMPLETIONS

Courses and Special Seminars Taught:

Name: _____ Date: ____ / ____ / ____ Sponsor: _____
Name: _____ Date: ____ / ____ / ____ Sponsor: _____
Name: _____ Date: ____ / ____ / ____ Sponsor: _____
Name: _____ Date: ____ / ____ / ____ Sponsor: _____
Name: _____ Date: ____ / ____ / ____ Sponsor: _____
Name: _____ Date: ____ / ____ / ____ Sponsor: _____
Name: _____ Date: ____ / ____ / ____ Sponsor: _____
Name: _____ Date: ____ / ____ / ____ Sponsor: _____
Name: _____ Date: ____ / ____ / ____ Sponsor: _____

ATTACH COPIES OF RECORDS OF COURSE PROGRAMS

Please List References:

Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____

ATTACH LETTERS OF RECOMMENDATION FROM FOUR OF THE ABOVE

OATH:

Under pain of discipline from this organization and return of any certification or recognition issued, I solemnly swear that the above is true and accurate and that I have not over-exaggerated or misled in any way the facts so stated on this application.

Signature: _____ Date: _____

State of _____

County of _____

Notary: I solemnly swear that on the _____ day of _____, 19 _____ personally came before me _____ and attached his signature and swears that the above facts are true and accurate and not misleading or over-exaggeration.

Notary Signature: _____ th Kyu Date: _____

Authority: _____ Expires: ____/____/____