



Kwanmuzendokai Application for Dan Registration

National Office: 1300 Kenmore Blvd, Akron, Ohio 44314, 330/753-3114 email: usakf@usakf.org



Rank certification level being applied for: _____ **Promotion Date Requested:** _____

Personal:

Name: _____ email address: _____

Address: _____ Birth date: _____ Sex: ___ Age: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____ Occupation: _____

Place of Employment: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Education:

High School Diploma _____ BA _____ BS _____ MA _____ MS _____ PhD _____ Other: _____

Technical College _____ Professional Designation _____ Date: _____

School where last karate rank was received: _____

Date Received: _____ Address of School _____

Karate Resume:

Age at Inception of Karate Training: _____ Date Karate Training Began: _____

Present Karate Instructor: _____ Place: _____

Current Karate Rank: _____ Date Received: _____ Style: _____

Karate History:

Rank	Date	Style	Instructor
1st Dan	_____	_____	_____
2nd Dan	_____	_____	_____
3rd Dan	_____	_____	_____
4th Dan	_____	_____	_____
5th Dan	_____	_____	_____

Please List References:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

AUTHORIZING YUDANSHAKAI CERTIFICATION

As the requesting Yudanshakai, 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

Signature: _____ Date: ___ / ___ / _____

PERSONAL CERTIFICATION

Under penalty of expulsion from the Kwanmuzendokai, 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history and background I fully understand that I can be expelled and have any certification or recognition given to me withdrawn in the event of misrepresentation or fraud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: ___ / ___ / _____