



CENTRAL TAEKWONDO ASSOCIATION

1550 RITCHIE ROAD
STOW, OHIO 44224

centraltaekwondo@centraltaekwondo.us

Kup Application for the rank of _____.

Effective Date of Promotion ____/____/____

Check One Promotion Collateral Rank

Personal Data:

Name _____ Birth Date _____ Sex _____ Age _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Dojang/Club _____

Current Instructor _____ Style _____

Education _____ Degree Received _____ Date _____

Martial Arts History

Age at beginning of training _____ Present Age _____

Present Rank _____ Date Received _____ Who Authorized Rank _____

Present Instructor _____ Instructor's Rank _____

Instructors Address _____ Phone _____

Average Hours per week under Instructor _____

Applicant's Affidavit

Under penalty of disciplinary action by the Central Taekwondo Association and of possible recall of any certification and/or certificates received and of possible dismissal from the membership of the Central Taekwondo Association along with relinquishment of any and all privileges that go along with the certification and/or certificates received, I acknowledge that all information contained herein is correct to the best of my ability and knowledge. I understand that misrepresentation and fraud are grounds for dismissal and withdrawal of any rank received.

Applicant Signature: _____ Date ____/____/____

TO BE COMPLETED BY INSTRUCTOR

I, _____, do hereby request that the person named on this application be given promotion/acceptance of the Dan Grade of ____ Degree Black Belt in the art of _____.

Signature _____ Date ____/____/____
INSTRUCTOR SIGNATURE (Rank certificate issued this date)

PROMOTION FEE OF \$ _____ ENCLOSED

