

<b>PSDI Certification</b>		<b>Taiho Jitsu Certification</b>
<b>USKA LAW ENFORCEMENT INTERNATIONAL</b> <i>División De Enforzamiento De La Ley De Personal Defensa De Policia</i>		

**PSDI Certification applied for:** \_\_\_\_\_ **Taiho Jitsu Level Requested:** \_\_\_\_\_

**Personal Information:**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

**Education:**

High School Diploma \_\_\_\_\_ BA \_\_\_\_\_ BS \_\_\_\_\_ MA \_\_\_\_\_ MS \_\_\_\_\_ PhD \_\_\_\_\_ Other: \_\_\_\_\_

Martial Arts School where last rank was received: \_\_\_\_\_

Date Received: \_\_\_\_\_ Address of School: \_\_\_\_\_

**For PSDI Certification:**

Agency Name: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

Agency Email: \_\_\_\_\_

PSDI Sponsor (if any) \_\_\_\_\_ Sponsor's PSDI Number: \_\_\_\_\_

**Please Attach Sheets Detailing Your:**

- Law Enforcement Experience
- Martial Arts Experience
- Military Experience
- Government Experience
- Educational Background and Experience
- Personal Background

**Agency Certification for PSDI - Required when credentials are requested by a law enforcement agency.**

As the above person's supervisor, I certify that he/she is assigned to education or training duties, either full or part time, within the criminal justice system.

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

Name: \_\_\_\_\_ Rank/Title: \_\_\_\_\_

*Please fill out the forms and then send to Headquarters together with the correct certification fees.*

PSDI Headquarters 1101 TWP 1806 RD 4 Ashland, Ohio 44805

Email: [psdi@psdi.us](mailto:psdi@psdi.us) [www.psdi.us](http://www.psdi.us)

**For Taiho Jitsu Certification**

Rank Requested: \_\_\_\_\_ Date of Certification: \_\_\_\_\_

Age at Inception of Training: \_\_\_\_\_ Date Training Began: \_\_\_\_\_

Present Instructor: \_\_\_\_\_ Place: \_\_\_\_\_

Current Rank: \_\_\_\_\_ Date Received: \_\_\_\_\_ Style: \_\_\_\_\_

Rank	Date	Martial Art/Style	Instructor
____ Dan	_____	_____	_____
____ Dan	_____	_____	_____
____ Dan	_____	_____	_____
____ Dan	_____	_____	_____
____ Dan	_____	_____	_____

**Please List References:**

Name: \_\_\_\_\_ email: \_\_\_\_\_

Name: \_\_\_\_\_ email: \_\_\_\_\_

Name: \_\_\_\_\_ email: \_\_\_\_\_

**AUTHORIZING CERTIFICATION**

As the certifying Instructor, I do hereby request that the applicant be recognized for the credential requested herein. I also do hereby certify that the above named person is fully qualified for the credentials requested herein and is available for physical review.

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

**FOR EITHER OR BOTH CERTIFICATIONS**

**PERSONAL CERTIFICATION**

Under penalty of expulsion from the PSDI, I hereby certify that the above facts are a true and accurate presentation of my 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

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

**SEND CREDENTIALS TO MY (MARK ONE) HOME \_\_\_\_\_ AGENCY \_\_\_\_\_**

**PSDI Commander, Sheriff Larry Overholt, R'trd**

**PSDI Director, Patrick M. Hickey**

*In Association With*

**The USA Karate Federation - United States Jujitsu Federation**

**The World Kobudokan – Traditional United States Karate Association**

**Central Taekwondo Association - World Tae Kwon Do Chang Moo Kwan**

**International Kwanmukan – Beikoku JuJitsu Renmei**

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