

Number: (USTF use only)



UNITED STATES TAEKWON-DO FEDERATION

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USA

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APPLICATION FOR DEGREE CERTIFICATE

Name: _____ / _____ Mr. ___ Mrs. ___ Miss ___
First Name Last Name

Address: _____
City/Town Zip County

Phone/Fax: _____ Email: _____

Date of Birth: ____ / ____ / ____ Age: _____ (Years)
Day Mo. Year

Nationality: _____ Birthplace: _____
As Passport City/Town Zip Country

USTF Plaque Number: _____ USTF Member Number: _____

Occupation: _____ Education: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Community Service Overview: _____

Months practiced since last grading: _____

Signature: _____

One Photo
1" x 1"

Degree Applied for: _____ ITF/USTF Certificate Number: _____

Date of Grading: _____ Place of Grading: _____

Name: _____ Degree: _____ Signature: _____
Instructor

Name: _____ Degree: _____ Signature: _____
Examiner (USTF Certified)

Name: _____ Degree: _____ Signature: _____
Founder of the USTF