



**THE INDEPENDENT
TAEKWONDO
ASSOCIATION**

**APPLICATION FOR
BLACK BELT CERTIFICATE**

**PLEASE
ATTACH
2 PASSPORT
PHOTOS**

(PLEASE PRINT OR TYPE)

Name: _____ Date of Birth: _____
(First) (Last)

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone:(_____) _____ Cell Phone:(_____) _____

Fax:(_____) _____ Email: _____

Occupation: _____ Work Phone: (_____) _____

Nationality _____ Have you ever been convicted of a crime? _____

If Yes, Please Explain: _____

MARTIAL ARTS BACKGROUND

When did you first start TaeKwonDo training? _____ How many years of study? _____

Art/Style A. _____ B. _____ C. _____

Rank A. _____ B. _____ C. _____

Present Memberships/Affiliations: _____

Name of your school: _____

Address: _____ Phone:(_____) _____

City: _____ State: _____ Zip: _____ Country: _____

Name of your Instructor: _____

His / Her Rank A. _____ B. _____ C. _____

Note: Please attach a clear, legible copy of your current highest DAN Certificate.

Please accept my application for _____ degree Black Belt in TaeKwonDo. I have enclosed:

- Properly completed application Certification Fee US \$ _____
 Copy of current Black Belt Certificate 2 Passport Photos

Applicant Signature _____
(If under 18 yrs. old - Parent or Guardian)

Date _____