

Number: (USTF use only) \_\_\_\_\_



## UNITED STATES TAEKWON-DO FEDERATION

6801 W. 117<sup>th</sup> Ave. E-5  
Broomfield, Colorado 80020  
USA



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### APPLICATION FOR DEGREE CERTIFICATE

Name: \_\_\_\_\_ / \_\_\_\_\_ Mr.  / Mrs.  / Miss   
*First Name* *Last Name*

Address: \_\_\_\_\_  
*City/Town* *State* *Zip* *Country*

Phone/Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_  
*(Day/Month/Year)* *(Years)*

Nationality: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
*(As Passport)* *City/Town* *Zip* *Country*

USTF Plaque Number: \_\_\_\_\_ USTF Member #: \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

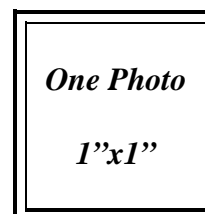
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
*(cm)* *(kg)*

Community Service Overview: \_\_\_\_\_

Months practiced since last grading: \_\_\_\_\_

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

Degree applied for: \_\_\_\_\_ ITF/USTF Certificate Number: \_\_\_\_\_



Date of Grading: \_\_\_\_\_ Place of Grading: \_\_\_\_\_

Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Instructor*

Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Examiner (USTF Certified)*

Name: Grand Master C.E. Sereff Degree: IX Signature: \_\_\_\_\_  
*Association President*