

Number: (USTF use only) _____



UNITED STATES TAEKWON-DO FEDERATION

6801 W. 117th Ave. E-5
Broomfield, Colorado 80020
USA



Tel: (303) 466-4963/ Fax: (303) 466-3587 / Email: rsereff@rmi.net / web: www.ustf-itf.com

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