



CENTRAL TAEKWONDO ASSOCIATION

1550 RITCHIE ROAD
STOW, OHIO 44224

centraltaekwondo@centraltaekwondo.us

Black Belt Application for the rank of _____.

Effective Date of Promotion ___/___/___

Check One Promotion Collateral Rank

Personal Data:

Name _____ Birth Date _____ Sex _____ Age _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Dojang/Club _____

Current Instructor _____ Style _____

Education _____ Degree Received _____ Date _____

Martial Arts History

Age at beginning of training _____ Present Age _____

Present Rank _____ Date Received _____ Who Authorized Rank _____

Present Instructor _____ Instructor's Rank _____

Instructors Address _____ Phone _____

Average Hours per week under Instructor _____

Previous Instructors and Schools (List All Names and Addresses):

Please list all places where you have previously taught (Include name and address of contact.)

List all certifications you may have - martial arts and otherwise. Include dates of all black belt promotions.

Complete Reverse Side

Participation Record

Seminars/Clinics: Location, Date ,Instructor

Tournament Competition: Tournament, Location, Date, Event, Placing

Referee: Tournament, Location, Date, Event

Organization Activity: Name, Position(s)

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PLEASE LIST THREE TAEKWONDO REFERENCES (NAME, ADDRESS, PHONE)

- 1. _____
- 2. _____
- 3. _____

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Applicant's Affidavit

Under penalty of disciplinary action by the Central Taekwondo Association and of possible recall of any certification and/or certificates received and of possible dismissal from the membership of the Central Taekwondo Association along with relinquishment of any and all privileges that go along with the certification and/or certificates received, I acknowledge that all information contained herein is correct to the best of my ability and knowledge. I understand that misrepresentation and fraud are grounds for dismissal and withdrawal of any rank received.

Applicant Signature: _____ Date ____/____/____

TO BE COMPLETED BY INSTRUCTOR

I, _____, do hereby request that the person named on this application be given promotion/acceptance of the Dan Grade of ____ Degree Black Belt in the art of _____.

Signature _____ Date ____/____/____
INSTRUCTOR SIGNATURE (Rank certificate issued this date)

PROMOTION FEE OF \$ _____ ENCLOSED

