



APPLICATION FOR TKDSOE BLACK BELT GRADING

PART 1. APPLICANT

SURNAME.....

FORENAME(S).....

ADDRESS.....

.....

POST CODE..... TEL. No.....

DATE OF BIRTH..... HEIGHT WEIGHT

LICENCE No. EXPIRY DATE

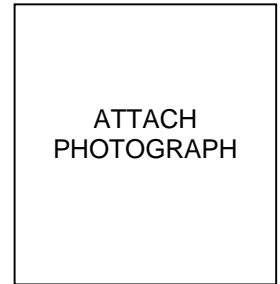
I hereby submit this application for grading and state that I will accept the result of the examiners board. I hold myself solely responsible for any injury I may sustain in the course of the examination.

I certify that the facts stated on this form are correct and that I am fit to take the requested grading.

Date of First Grading I am at present Kup / Dan holder.

APPLICANTS SIGNATURE DATE.....

Parent / Guardian's Signature For Minors



PART 2 INSTRUCTORS USE ONLY.

INSTRUCTORS NAME.....

SCHOOL

Students Training Period Since Last Gradingweeksmonths.....years

Recommendation: From present Kup/Dan..... Promote toDan

ENDORSED BY (Instructors Signature) DATE.....