

**International Korean Martial Arts Federation**  
**ChoSon Kwon Bup - Taekwondo - Hapkido - Oriental Medicine**  
**Law Enforcement Defensive Tactics**  
P.O. Box 341  
Glenside, PA 19038  
Tel: 267-342-5880

**GUP (Grade) CERTIFICATION APPLICATION**

**Applicant's Full Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Date of Birth:** \_\_\_\_\_ **Membership No.:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Bus. Phone:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**School's Name:** \_\_\_\_\_

**School's Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Present Rank:** \_\_\_\_\_ **Date of Promotion:** \_\_\_\_\_ **Applied Rank:** \_\_\_\_\_ **Date of Promotion:** \_\_\_\_\_

**Gup Examination/Promotion Fee: \$25.00 (Please make payable to "Ian A. Cyrus")**

**Recommending Master/Instructor:** \_\_\_\_\_  
(Last) (First) (Middle)

**Rank:** \_\_\_\_\_ **Cert. No.:** \_\_\_\_\_ **Teaching Rating:** \_\_\_\_\_ **Cert. No.:** \_\_\_\_\_

**Martial Art discipline (check one):** Choson Kwon Bup: \_\_\_ Hapkido: \_\_\_ Taekwondo: \_\_\_

**I hereby submit this application for gup certification in accordance with the standards prescribed by the International ChoSonDo Federation (Choson Kwon Bup -Hapkido-Taekwondo).**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent signature required if under 18 years of age)

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**For Office Use Only**

**Certification Fee: \$** \_\_\_\_\_ **Approved Rank:** \_\_\_\_\_ **Cert. No.:** \_\_\_\_\_

**Approving Authority:** \_\_\_\_\_ **Date:** \_\_\_\_\_