

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

DAN 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:** _____

Recommending Master/Instructor: _____
(Last) (First) (Middle)

Rank: _____ **Cert. No.:** _____ **Teaching Rating:** _____ **Cert. No.:** _____

Note: Enclose a copy of current Dan Certification and Two Passport Photographs

I hereby submit this application for dan certification in accordance with the standards prescribed by the International Korean Martial Arts Federation

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

For Office Use Only

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

Approving Authority: _____ **Date:** _____