Number: (USTF use only)_____

UNITED STATES TAEKWON DO FEDERATION

6801 W. 117th Ave. E-5
Broomfield, Colorado
USA
Tel: (303) 466-4963 / Fax: (303) 466-3587 / E-mail: rsereff@rmi.net / web: ustf-itf.com

APPLICATION FOR DEGREE CERTIFICATE

Name: _____ / _____ *Mr./Mrs./Miss*
First Name *Last Name*

Address: _____ _____ *USA*
City/Town *Zip* *Country*

Phone/Fax: _____ *E-mail:* _____

Date of Birth: _____ *Age:* _____ *(Years)*
day mo. Year

Nationality: _____ *Birthplace:* _____ *USA*
As Passport *City/Town Zip* *Country*

USTF Plaque Number: 8 *USTF Member Number:* _____

Occupation: _____ *Education:* _____

Height: _____ *Weight:* _____ *Eye Color:* _____ *Hair Color:* _____

Community Service Overview: Completed

Months practiced since last grading: _____

Signature: _____

One photo

Degree applied for: *ITF/USTF Certificate Number:*

Date of Grading: _____ *Place of Grading:* Bellevue, Nebraska

Name: Mr. Ricky J. Todd *Degree:* VI *Signature:* _____
Instructor

Name: Mr. Ricky J. Todd *Degree:* VI *Signature:* _____
Examiner (USTF certified)

Name: Grand Master C.E. Sereff *Degree:* IX *Signature:* _____
Association President