

APPLICATION FORM FOR TESTING

(昇段級審査受審願) Held on _____ . _____ . _____

DAY MONTH YEAR

TO PRESIDENT (会長殿)

Held at _____

		PRESENT GRADE (現段級)
NAME OF BRANCH (支部名)	NAME OF DOJO (道場名)	ATTEMPTED GRADE (受審段位)
MEMBERSHIP NO. (会員番号)		PHOTO (Passport size)
フリカナ	CHINESE CHARACTER	
NAME		
DATE OF BIRTH (生年月日)	/ / _____ years old	
ADDRESS (住所)		
		TEL&FAX :
DATE OF STARTING KARATE (入門年月日)		/ /
LATEST DAN (最終段位) _____	CERTIFICATE NO. (免状番号)	DATE OF ISSUE (取得年月日) / /
CERTIFIED THE ABOVE BY(上記保証人)		
NAME OF INSTRUCTOR		SIGNATURE _____

FOR OFFICIAL USE

RESULT (決定段位)	DAN (段)	CERTIFICATE NO. (免状番号)
CERTIFIED THE ABOVE 上記の通り認定した		DATE: / /
BY CHIEF EXAMINER (審査委員長)		CHIEF OF GRADING COMMITTEE (段位委員長)
NAME & SIGNATURE (名前) _____ (印)		NAME (名前) _____ (印)

NOTE: TO USE BLOCK LETTER