



INTERNATIONAL TRADITIONAL KARATE FEDERATION

"DAN" RANKING REGISTRATION APPLICATION FORM

OFFICIAL USE ONLY

No.	
DAN	
REGISTRATION DATE	

TO: INTERNATIONAL TRADITIONAL KARATE FEDERATION
 1930 Wilshire Blvd., Suite 1208
 Los Angeles, CA 90057, U.S.A.

DATE: _____

I would like to request that you list my rank in the black-belt holders' register of your Federation.
 I hereby declare that I will perform no acts which might detract from the honor of a black-belt holder.

(PLEASE PRINT IN INK OR TYPE)

NAME (LAST, MIDDLE, FIRST)			CITIZENSHIP		
NAME OF NATIONAL KARATE FEDERATION			NAME OF SCHOOL SYSTEM (STYLE)		REGISTRATION RANK Dan
DATE OF BIRTH	SEX	OCCUPATION			
ADDRESS (STREET, CITY, COUNTRY)					
KARATE EXPERIENCE			FORMER RANK		
YRS.	MOS.	_____ Kyū _____ Dan	DATE RECEIVED MO. DAY YEAR	ITKF REGISTRATION (DAN RANK ONLY) No.	
DATE OF EXAMINATION			PLACE OF EXAMINATION		
DAY	MO.	YEAR	PLACE	CITY	COUNTRY

EXAMINER USE ONLY

EXAMINERS: The applicant above has successfully passed examination for the Registration Rank List.

NAME	EXIMINER REGISTRATION	SIGNATURE
1.	No.	
2.	No.	
3.	No.	

Signature of Applicant

RECOMMENDATION:

We approve the above ranking registration
 National Federation:

Name of Responsible Representative (Print)

Signature

- NOTE:**
1. This form must be completed and signed by all designated persons.
 2. Examiner(s) must see that the following information is given correctly:
 Applicant's Name, Registered Rank, and Examination date and place.
 The examiner(s) must then sign the form.
 3. The established rank registration fee must be provided by the applicant at the time of registration.