**FORM 01 - GRADUATION REGISTRATION REQUEST**

DAN Registration

**Ranking Examiner – Certified Coach – Qualified Judge**

***ITKF ONLY***

Registration nº: \_\_\_\_\_\_\_\_\_\_\_ Dan: \_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I, undersigned, would kindly request and fully authorize ITKF to list myself in the register of ITKF (Administrative Office Register and ITFK website –** [**www.itkf.global**](http://www.itkf.global)**).**

DAN Registration  Certified Coach  Ranking Examiner A  B  C  D

Qualified Judge - Kata A  B  C  D or Kumite A  B  C  D

NAME (Last, Middle, First):

Citizenship:       Date of birth:

ID Document:       Phone: +

Email:

Occupation:       Gender:  Male  Female

Address:

City:       Country:

Actual Dan:       Years of Karate Practice:

Name of Member Federation:

Has DAN registration with ITKF?  Yes  No

If so, what is your registration number:       Date of Registration:

**DATA FROM GRADUATION**

Place/Date:

Examiners:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant:

Examiner´s signature approval:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of examiner:

MEMBER ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President or REP of MEMBER ORGANIZATION STAMP & SIGNATURE: