**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: