



# USTF-UTAH

3107 South Lincoln Street  
Salt Lake City, Utah 84106



## APPROVAL SHEET BLACK BELT TESTING

I respectfully request your approval signature on my testing. I have met the requirements set forth in the organization and I have enclosed my instructor's permission signature to test.

Name \_\_\_\_\_

Instructor \_\_\_\_\_

School \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Rank \_\_\_\_\_

Last Test Date \_\_\_\_\_

- |                        |     |                          |    |                          |
|------------------------|-----|--------------------------|----|--------------------------|
| Tournament Competition | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Tournament Worker      | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Referee Seminar        | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Instructors Seminar    | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

Ho Sin Sul Partner name & school \_\_\_\_\_  
\_\_\_\_\_

Any physical restrictions that will affect my physical test:  
\_\_\_\_\_

