

USTF-UTAH REQUEST FOR BLACK BELT FORMS

This document is a request for test forms only and is not permission to test. This form is to be completed by candidate and then signed by the instructor. To be eligible for testing at the next Utah Black Belt testing, this form must be received by the Utah State Director prior to the deadline set by the State Director.

Candidate's Name: _____ Date: _____
 Address: _____

Current Rank: _____ Belt Size: _____ Date of last testing: _____
 USTF No. _____ USTF Certificate No. _____ ITF Certificate No. _____

Number of months of "Active Training", as of today, since last testing? _____

"Active Training" is defined as, "participating in an average of seven (7) formal classes per month" as a student. If you are an instructor teaching: Once a week, you must have trained four (4) times per month with your instructor; Two or more times a week, you must have trained as least two (2) times each month with your instructor.

Number of Service Hours completed, as of today: _____
 I-III Dans, list only the number of verifiable hours to date. A written thesis is required for IV Dan.

Are you a Certified USTF Referee? _____ Date and Class of Referee _____

Are you an ITF Referee (Umpire)? _____ Date and Class _____ No. _____

Number of Tournaments you have Officiated since your last testing? _____

Number of Tournaments you have Sparring in since your last testing? _____

Summary of the last three tournaments you have competed in:

Date	Tournament Name	Location	Events Completed In Please Check			Results: 1 / 2 / 3		
			Patterns	Sparring	Breaking	P	S	B

Have you attended any of the following courses and seminars:

- * ITF International Instructors Course _____ Location: _____ Date: _____
- * USTF Domestic Instructors Course _____ Location: _____ Date: _____
- * USTF Hosin-Sul Seminar _____ Location: _____ Date: _____
- * USTF Knife Defense Seminar _____ Location: _____ Date: _____

Are you currently teaching a TKD class as a Head Instructor of Assistant Instructor? _____

Are you interested in teaching your own TKD class? _____ Location: _____

 Candidate's Signature _____ Date _____ Instructors Signature _____ Date _____

Office Use Only:

State Director's Approval to Release Test Forms: _____ Date: _____

Date Test Forms Sent to Instructor: _____