

Number: (USTF use only) \_\_\_\_\_



# UNITED STATES TAEKWON-DO FEDERATION

6801 W. 117<sup>th</sup> Ave. E-5  
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USA



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## APPLICATION FOR DEGREE CERTIFICATE

Name: \_\_\_\_\_ / \_\_\_\_\_ Mr.  / Mrs.  / Miss   
*First Name Last Name*

Address: \_\_\_\_\_  
*City/Town State Zip Country*

Phone/Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_  
*(Day/Month/Year) (Years)*

Nationality: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
*(As Passport) City/Town Zip Country*

USTF Plaque Number: \_\_\_\_\_ USTF Member #: \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
*(cm) (kg)*

Community Service Overview: \_\_\_\_\_

Months practiced since last grading: \_\_\_\_\_

Signature: \_\_\_\_\_

Degree applied for: \_\_\_\_\_ ITF/USTF Certificate Number: \_\_\_\_\_



Date of Grading: \_\_\_\_\_ Place of Grading: \_\_\_\_\_

Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Instructor*

Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Examiner (USTF Certified)*

Name: Grand Master C.E. Sereff Degree: IX Signature: \_\_\_\_\_  
*Association President*