



U.S. Chung Do Kwan Association, Inc.

P.O. Box 1474 Lakeland, FL 33802

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BLACK BELT CERTIFICATE REQUEST

Effective 3/1/99 all Black Belt Certificate Requests must verify gup membership for a minimum of 2 years, confirm the presentation of an official USCDKA portfolio, and include an application for Black Belt membership for all 1st Dans.

Please Type Request

U.S. Chung Do Kwan I.D.

Effective date _____ Expires _____

(Must be a USCDKA member a minimum of 2 years)

Did student complete an official USCDKA Portfolio? Yes No

Black Belt application attached for 1st Dan request? Yes No

Is student also applying for Kukkiwon? Yes No

Attach
2 Photos
Here

First Name _____ Middle Initial _____ Last Name _____

Birthday _____ Age _____ Phone: () _____ E-mail: _____

Address _____ City _____ State _____ Zip _____

Current Rank _____ Date of Last Promotion _____ Rank Applied For _____

Test Date _____ Charter School Name Shield Tae Kwon Do

Name of Instructor (including Instructor Degree Title) Master Bill Kelly
(Example: Chief Instructor Mary Smith)

Date Applied _____ Certification Cost: \$ _____ + \$5 shipping per order = \$ _____

I hereby recommend the person above as well qualified for the promotion of the Black Belt rank applied for.

Recommended by: _____ USCDKA Rank 4th dan

Name and address of Instructor: _____ Comments: _____

Master Bill Kelly _____

12205-B Gayton Road _____

Richmond, Virginia _____

zip 23238 _____

Office use only:

Date Received: _____ Processed _____ Mailed _____ Cert.# _____