

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



# UNITED STATES TAEKWON-DO FEDERATION

6801 W. 117<sup>th</sup> Ave. E-5  
Broomfield, Colorado 80020  
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: \_\_\_\_\_ Email: \_\_\_\_\_

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: Senior Grand Master C.E.Sereff Degree: IX Signature: \_\_\_\_\_  
Founder of the USTF