



UCHTA®

UTAH CHANG HUN TAEKWON-DO ALLIANCE



## REQUEST FOR BLACK BELT FORMS

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 at least two (2) times each month with your instructor.

NUMBER OF SERVICE HOURS COMPLETED, AS OF TODAY: \_\_\_\_\_

I-III DAN, LIST ONLY THE NUMBER OF VERIFIABLE HOURS TO DATE. A WRITTEN THESIS IS REQUIRED FOR IV DAN.

ARE YOU A CERTIFIED USTF REFEREE? \_\_\_\_\_ DATE: \_\_\_\_\_ CLASS OF REFEREE: \_\_\_\_\_

ARE YOU AN ITF REFEREE (UMPIRE)? \_\_\_\_\_ DATE: \_\_\_\_\_ CLASS: \_\_\_\_\_ NO. \_\_\_\_\_

NUMBER OF TOURNAMENTS YOU HAVE OFFICIATED SINCE YOUR LAST TESTING? \_\_\_\_\_

NUMBER OF TOURNAMNETS YOU HAVE SPARRED IN SINCE YOUR LAST TESTING? \_\_\_\_\_

DATE:	TOURNAMENT NAME:	LOCATION:	EVENTS COMPETED IN (PLEASE CHECK)			RESULTS: 1/2/3/4		
			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 HO SIN SUL SEMINAR: \_\_\_\_\_ LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

\*USTF KNIFE DEFENSE SEMINAR: \_\_\_\_\_ LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

\*USTF TECHNICAL SEMINAR: \_\_\_\_\_ LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

ARE YOU CURRENTLY TEACHING A TKD CLASS AS A HEAD INSTRUCTOR OR ASSISTANT INSTRUCTOR? \_\_\_\_\_

ARE YOU INTERESTED IN TEACHING YOUR OWN TKD CLASS? \_\_\_\_\_ LOCATION: \_\_\_\_\_

Candidate's Signature \_\_\_\_\_ Date \_\_\_\_\_ Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY:

STATE DIRECTOR'S APPROVAL TO RELEASE TEST FORMS: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE TEST FORMS SENT TO INSTRUCTOR: \_\_\_\_\_