All United States Kendo Federation
AUSKF

KENDO 5 – 7 DAN

Examination Application Form (Member Federation Approval Form)

Note: You must submit the application and this form signed by your regional federation president online.

Requesting Rank: ☐ 5 Dan ☐ 6 Dan ☐ 7 Dan

Exam Date: ______________________________

AUSKF ID#: ______________________________

Name (Last, First): ____

Phone: _________________________ Email: ______________________________

Present Rank: _________________________ Date Received: ______________________________

Applicant Signature: _________________________ Date: ______________________________

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Approval from member federation president / VP of Promotion

I certify that the above individual is eligible to test for the requesting rank, practicing regularly, and registered with our federation and AUSKF in good standing.

Signature of the President / VP of Promotion: ____

Print Name:____ Date: _____________________

Email: ____ Phone: _____________________