



All United States Kendo Federation

KENDO 5 Dan - 7 Dan

Examination Application Form

Requesting Rank: _____ Exam Date: _____ Gender: M / F

AUSKF ID Number: _____ Member Kendo Federation: _____

Name: (Last) _____, (First) _____ (Middle) _____ Age: _____

Address: (Street) _____

(City) _____ (State) _____ (ZIP) _____

Phone: _____ E-Mail: _____

Date of Birth: _____

Present Rank: _____ Date Received: _____

Place of Practice: _____ How many times a week: _____

List any handicaps, injuries, etc: _____

(Signature) _____ (Date) _____

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 : _____

*Please print or type clearly. Illegible writing cannot be processed.

*Your name should be what it should appear on the new certificate. If your name has changed from current certificate, please explain : _____

* E-Mail the application form, a copy of current certificate, and written test (PDF) to : Michio.kajitani@auskf.org

* send the application form along with **application fee** (Check or money order) and **certificate fee** (Personal check. **Please do not send cash or money order**) to: **Michio Kajitani, VP P&E, 590 Shadowbrook CT. Redlands, CA 92374**