



AAU Taekwondo Dan Certification Application



Applicant's Information (Use arrow keys, tab, or mouse to move from field to field)

Last Name _____ First Name _____ M.I. _____
 Address _____ City _____ State _____ Zip _____
 Cell Phone _____ Home Phone _____ Email: _____
 Date of Birth _____ Current Age _____
 Mo Day Yr
 AAU Membership # (**Attach Copy of Current AAU Card**) _____ AAU Club Code _____

Promotion in Rank

From Dan to Dan Certified by _____ His/Her Rank _____
 Original date started TKD training _____ Testing date for this promotion _____
 Mo Day Yr Mo Day Yr

Re-Certification of Rank

Current Dan _____ Certified by _____ His/Her Rank _____
 Original date started TKD training _____ Last Testing Date _____
 Mo Day Yr Mo Day Yr

What style of patterns/forms do you practice? WTF ITF TSD/MDK

Last Dan Certificate: Date Awarded _____
 Mo Day Yr

Last Dan Certificate issued by: (please complete all that apply)

- AAU Code _____ ID # _____ Date Issued: _____
 Mo Day Yr
- World Taekwondo Federation (WTF) ID # _____ Date Issued: _____
 Mo Day Yr
- International TKD Federation (ITF/USTF) ID # _____ Date Issued: _____
 Mo Day Yr
- Other Organization Name _____ ID# _____ Date Issued: _____
 Mo Day Yr

Certificates will be mailed to:

School/Association _____
 C/O (Recommender) First Name _____ Last Name _____
 Address _____ City _____ State _____ Zip _____
 Recommender's Phone _____ Recommender's Email _____

 Instructor's Signature Dan Certifier Signature Certifier ID #

Make checks payable to AAU Taekwondo
Mail paperwork and payment to: Mike Friello, 2434 Troy Rd, Niskayuna, NY. 12309