



IJF AND PJC RANK CERTIFICATE REQUEST FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

IJF Dan Certificate Requested: _____ PJC Dan Certificate Requested: _____

Dan Rank	IJF Fee	PJC Fee	Dan Rank	IJF Fee	PJC Fee
Shodan	\$150.00	\$100.00	Rokudan	\$450.00	\$350.00
Nidan	\$200.00	\$150.00	Shichidan*	\$500.00	\$400.00
Sandan	\$275.00	\$200.00	Hachidan**	\$600.00	\$500.00
Yodan	\$325.00	\$250.00	Kudan**	\$600.00	\$500.00
Godan	\$400.00	\$300.00	Judan**	\$600.00	\$500.00

Certificate Cost: \$ _____

Certificate Framed (optional) \$20.00 each: PJC _____ IJF _____

Processing Fee: \$20.00

Total Amount Due: \$ _____

*Will be submitted to PJC Promotion Committee for approval

**Will be submitted to PJC and IJF Promotion Committees for approval

(Must include a copy of your USA Judo or your respective National Federation rank certificate)

Certificates will be mailed within 5 working days of receipt and approval by the National Governing Body (Shodan through Rokudan) Shichidan through Judan: Please allow up to 6 weeks for mailing

Credit Card Information(Choose one): Mastercard / VISA / Discover / American Express

Card Number: _____/_____/_____/_____ Expiration Date: _____ CVV Code: _____

Name on Credit

Card: _____

Billing Address: _____

Mail form to: USA Judo
3625 NW 82nd Ave. Suite 100 D/F
Doral, Florida 33166

Fax form to : 786-332-4338
Further questions call 786-332-4338

Make checks payable to USA Judo

OFFICE USE ONLY:

National Office Approval: _____ Date Received: _____

IJF Certificate No: _____

PJC Certificate No: _____