*Number: (USTF use only)*

*UNITED STATES TAEKWON-DO FEDERATION*

*6801 W. 117th Ave. E-5*

*Broomfield, Colorado 80020* USA

***Tel: (303) 466-4963 / Fax: (303) 466-3587 / Email:*** ***rsereff@rmi.net*** ***/ Web:*** [***www.ustf-itf.com***](http://www.ustf-itf.com/)

*APPLICATION FOR DEGREE CERTIFICATE*

*Name: / Mr.*

***First Name Last Name***

*/Mrs.*

*/Miss*

*Address:*

***City/Town State Zip Country***

*Phone/Fax: Email:*

*Date of Birth: Age:*

***(Day/Month/Year) (Years)***

*Nationality: Birthplace:*

***(As Passport) City/Town Zip Country***

 N/A*USTF Plaque USTF Member #:*

*Number:*

*Occupation: Education:*

*Height: Weight: Eye Color: Hair Color:*

***(cm) (kg)***

*Community Service Overview:*

*Months practiced since last grading:*

***One Photo 1” x 1”***

*Signature:*

*Degree applied for: ITF/USTF Certificate Number:*

*Date of Grading: Place of Grading:*

*Name: Degree: Signature:*

***Instructor***

*Name: Degree: Signature:*

***Examiner (USTF Certified)***

***Name:*** Senior Grand Master C.E.Sereff ***Degree:*** IX ***Signature:***

***Founder of the USTF***