



ATF Certification Testing Application

Certification Test _____ \$150

Re-certification Test _____ \$50

Date wishing to test ____/____/____

Name _____ Age _____

Address _____ DOB ____/____/____

Telephone Home # (____) _____ - _____ Cell # (____) _____ - _____

TKD School _____

I hereby submit this application to the National Testing Committee in accordance with the rules and regulations of the American TaekwonDo Foundation. **

Applicant _____ Date ____/____/____

****Applicant must submit his/her written essay and a copy of his/her Trainee Check list along with this application.**

I hereby attest that the above applicant has met all of the training and technical requirements stipulated in the ATF Manual and advise as a candidate for testing certification.

Applicant's Instructor _____ Date ____/____/____

For National Headquarters Office Use

Date Received ____/____/____

Essay Included Yes__ No__

Checklist Completed Yes__ No__

Comments: _____

Regional Chief of Trainees : Approve__ Deny__

Comments: _____

Signature _____ Date ____/____/____