

ATF National Black Belt Testing Application

American TaeKwonDo Foundation

3125 Bell Road

Montgomery, Alabama 36116



Please check: Mid-Rank Testing ____ \$50
Rank (2R-2D) (3R-3D) ____ \$95 Date Testing ____/____/____
Rank Testing ____ \$125

Name _____ Age _____

Address _____ DOB ____/____/____

Home Phone (____)____-____ TKD School _____

Present Rank _____ Date of Rank ____/____/____

Date You Received your 2D Black Belt ____/____/____

For 2nd Senior thru 4th Top Senior: list the 2 Regional and 1 National Tournaments that you have competed in:

_____/_____/_____/_____

Breaking Techniques: Hand _____

Right Foot _____

Left Foot _____

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

Applicant _____ Date ____/____/____

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

Instructor's
Name & Rank _____ Date ____/____/____

ATF Headquarters Use

Date Received ____/____/____ Check # _____

National Testing Committee Approved _____ Denied _____

National Testing Committee Chairman _____

Reason for Denial : _____