**** **Rocky Mountain Kendo/Iaido Federation**

**Request for Examination by an Affiliate Organization of the AUSKF**

**Kendo / Iaido / Jodo** (circle one)

**Requesting Rank**:  **Exam Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_(MM / DD/ YYYY)

 (Kyu / Dan)

**AUSKF ID No**: **Member Federation**:

 **Name of the affiliate that will conduct the test:** \_\_\_\_\_\_RMKIF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First) (Middle)

**Address**

 (Street)

 / /

 (City) (State) (Zip)

 **Phone:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-Mail:**  \_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ (MM / DD/ YYYY) **Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Present Rank:**  **Date Received:**

**List any handicaps, injuries, etc.:**

**FOR INSTRUCTORS & REGIONAL FEDERATION PRESIDENT USE ONLY.**

**MUST BE FILLED OUT COMPLETELY.**

As the instructor of the applicant I: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a) Approve this student’s application & recommend he/she be examined for the rank of: \_\_\_\_\_\_\_\_

Instructor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Printed Name and Signature of Member Federation President) (Date)

**\* To avoid mistakes and delays, please print clearly.**

**\* Save as PDF and upload to application.**