

UNITED STATES TAEKWON-DO FEDERATION



REFEREE CERTIFICATION APPLICATION

(MUST BE TYPED OR PRINTED)



Date of Course: _____ ☐ Standard ☐ Refresher Location: _____

Applicant's Name: _____ Date of Birth: _____

Age: _____ Sex: _____ Occupation: _____

Rank: _____ Date of Ranking: _____ Current USTF Dan #: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Telephone: _____ Email: _____

Name of Taekwon-Do School: _____

Name of Instructor: _____ Telephone: _____

Current Referee Status: If you have been certified by the USTF you must check the current level of certification, date and place of certification, otherwise you will be considered as a beginner not yet certified.

Classification	Check	Date of Certification	Place of Certification
Not Certified		NA	NA
USTF "C" REFEREE			
USTF "B" REFEREE			
USTF "A" REFEREE			
Under 16 Years Old		NA	NA
COACH		NA	NA

As a member of the USTF I do hereby apply for certification as a Class _____ Referee.
(Classification)

Date of Application: _____ Signature of Applicant: _____

<i>To be filled out by applicant's instructor:</i>		
Recommended by (Print Instructor's Name):	Rank:	Signature:

OFFICIAL USTF USE ONLY (DO NOT WRITE BELOW THIS LINE)

PRACTICAL PERFORMANCE EXAM

Score: _____ Refereeing Score: _____ Judging Score: _____
☐ Pass ☐ Fail ☐ Pass ☐ Fail ☐ Pass ☐ Fail

The above applicant has hereby been approved or disapproved (circle one) as a Class _____ Referee.

Effective Date: _____ Expiration Date: _____ Fee Paid: \$ _____

Examiner: _____