

# QUALIFICATION REGISTRATION

## INSTRUCTOR

Please type or print clearly.

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender \_\_\_\_\_ Present Rank \_\_\_\_\_ Dan

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Dojo \_\_\_\_\_ Region \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

	Date of Exam	Registration Number
D	____/____/____	_____
C	____/____/____	_____
B	____/____/____	_____
A	____/____/____	_____

**I PROMISE THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE AND I WILL CONTINUE TO UPHOLD THE STANDARDS AND HONOR OF THE ISKF.**

Signature \_\_\_\_\_ Date \_\_\_\_\_