Examiner's Record

Date Year Month Day Date of Examination Female Name Sex Male Year Month Day Date of Birth Age Year Month Day Membership Number Karate Organization Height Weight kg cm Present Address Nationality Tel. Last Academic School Attended Name Relationship Reference Address Tel.

RANKING INFORMATION SCORING Application Rank Being Tested for Techniques Basic Kata Kumite Results Total Research Marks Others Present Kyu Dan Chief Examiner Rank Signature Year Month Date of Day Conferral Dan Kyu Pass В Registration No. FAIL Years Number of Months and Months RE-EXAM Years in Karate Training Remark **Present Qualifications** PENDING Class Instructor **Examination Fee** Registration Fee Examiner Class Class Judge

Rank Being Tested for	Authorization To Take Examination			Sta	Fyaminat	Examination Fee		Registration Fee		
Dan	Name		Karate Organization	No		Date of Examination	Year	Month	Day	

Sign this slip and hand it in within THREE (3) months to receive "Dan" certificate or in case of failure, to receive refund of registration fee.