

_____ Best Qualified Martial Arts Rank
_____ Other (Explain)

Martial Arts Activity Record

(Complete since starting Martial Arts study or last rank credential)

1. Explain: Time, Location, and Consistency of Applicants Training

(Use additional sheet if needed)

2. If for higher grade. Explain: Time, Location and Consistency of Applicants Teaching

(Use additional sheet if needed)

3. Explain the "Specific Elements" of the system of Martial Arts that the applicant has studied. (i.e. Kata, Free-Sparring, Weapons, Self-Defense, Philosophy, etc)

(Use additional sheet if needed)

4. Number of clinics (or institutes) or competition events hosted / conducted

Local Events

National Events

5. Number of seminars or camps hosted / conducted

Local Events

National Events

6. Time served as Head Instructor

7. Time served as an Assistant Instructor

8. Number of clinics or camps attended

9. Any special certification(s)? (i.e. Referee, Instructor, etc.)

10. Other significant Martial Arts activity

Martial Arts Rank History

Rank	Rank Date	Given Certificate		Instructor	Organization
		Yes	No		

Special Achievements

Provide a narrative of all special achievements such as competition, teaching, tournament officiating, staff work, public relations, demonstrations, hosting seminars, clinics or camps, writing publications, etc, (use additional sheet of needed)

Certification and Recommendation

I certify that the information contained herein is accurate to the best of my knowledge. I have been examined or have presented my Rank Credentials and do accept the Martial Arts Rank recommended for me with the USMAF.

Signature of applicant and date

Rank Validation Fee Enclosed _____

I have examined the applicant or have received and reviewed his/her Rank Credentials (also Martial Arts Activity & Achievement Record). I find the applicant fully qualified and recommend this rank validation.

Signature of Certified Instructor / Examiner

Printed name, rank & membership number of USMAF Certified Instructor / Examiner

Additional Endorsements

Comments by Additional Endorsing Official _____

Signature of additional endorsing officials

Printed name, rank, and membership number of official

USMAF Processing

Please send USMAF credentials to (circle one): Instructor/Examiner | Applicant

Reserved for USMAF National Headquarters

Please note that the USMAF does not ship bulk forms