



Wado Guseikai Examination Application

Name:

Date (mm/dd/yy):

Testing for which rank/grade/license:

Male/Female (circle)

Age:

Date of Birth (mm/dd/yy) :

Address

Street:

Apt:

City:

Zip Code:

Country:

Telephone:

Email:

Dojo Name:

Instructor Name:

Dan Rank		JKF Wado Kai Date	Other Federation/Style date
Shodan	1		
Nidan	2		
Sandan	3		
Yondan	4		
Godan	5		
Rokudan	6		

Total years practicing karate:

Total years teaching karate:

Instructor's Examination

Level	Date (mm/yy)	Issuing Authority
4 th kyu		
3 rd kyu		
2 nd kyu		

Teaching/Coaching Qualification

Grade	Issuing Authority	Date (mm/yy)

Office Use Only

Pass Authorization

JKF Wadokai HQ

Qualification Examiner

Qualification Examiner