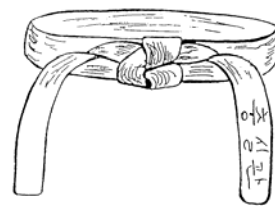


Choong Sil Taekwondo Federation

Application for Rank Testing



Date Student # Expiration Date (Must be current to test)

Name Weight Age (Yr./Mos.) Date of Birth

Address: Street City State Zip

()

Home Phone

E-mail Address

Current Taekwondo School

Instructor Name

Date Training Began (Detail any other martial Arts experience you may have)

Current Rank

Last Testing Date

Current Planned Test Date

Applicant Signature

Instructor's Signature

This form must be returned to CTF Headquarters no later than ten days (10) prior to intended testing at a Black Belt Testing and three (3) days prior to a school testing. If you are testing at your regular school testing, this sheet must be submitted to your instructor prior to testing. The testing fee should be included with this form.

| Rank | Promotion date | Time at rank (months) | MINIMUM TIME | MIN. AGE * |
|-----------------------------------|----------------|-----------------------|--------------|------------|
| Colored belt | | | 24 months | No minimum |
| 1 st Black Recommended | | | 6 months | No minimum |
| 1 st Degree Black | | | 12 months | No minimum |
| 2 nd Black Recommended | | | 6 months | 12 ½ Years |
| 2 nd Black Decided | | | 24 months | 13 Years |

* - If you do not meet the minimum age requirements then you are required to spend additional time at black belt ranks. Please check with your instructor to see when you will be eligible to test for higher rank.

Board Breaking Testing Information (Must be completed in full)

| Type of Board Break | Difficulty Level | Left\Right | # of Boards | Board Size |
|---------------------|------------------|------------|-------------|------------|
| _____ | _____ | R Hand | _____ | _____ |
| _____ | _____ | L Hand | _____ | _____ |
| _____ | _____ | R Leg | _____ | _____ |
| _____ | _____ | L Leg | _____ | _____ |
| _____ | _____ | L R | _____ | _____ |