

USJJO EXAMINER CERTIFICATION APPLICATION (Please Print Clearly In Ink)

Photo

Date:DD/MM/YY	USJJO Membership #: (For Official Use Only)			
DD/MM/YY Name:				(For Official Use Only)
Name: Last	· · · · · · · · · · · · · · · · · · ·	First	Middle	
Home Address:	S	treet		
	City	State		Zip
Date of Birth:				
Home #:	YY Work #:		_ Cell #:	
E-Mail Address:				
Club Name:		Sensei's Na	ame:	
Club Address:				
	S	street		
Current Ju-Jitsu Rank:	City	State Current Instructor		Zip
Date Ju-Jitsu of Rank:		Date of Instructor	Rank:	
Examiner Certification Applied				DD / MM / YY
Martial Arts Rank History				
Rank Date of Rank 1st Dan	Promotion Authority		Issuing Orga	nization
2 nd Dan				
3 rd Dan				
4 th Dan				
5 th Dan				
6 th Dan				
7 th Dan				
8 th Dan				
9 th Dan				
10 th Dan				

1. Applicant certifies that the above information is true and correct to the best of their knowledge.

- 2. The applicant has submitted the Examiners Certification fee of \$50.00 with this application.
- 3. The applicant hereby waives and releases The USJJO, Chairman, Organization Officers, Instructors, Schools, Clubs and affiliates from all rights and claims for any damages, injuries, death or illness suffered by them as a result of any training technique learned from or involvement with the Organization or its activity.
- 4. The applicant understands that the Examiner Certification fee is non-refundable with no exceptions.
- 5. The applicant understands that the Organization has the right to revoke this certification at any time for what is considered due cause.
- 6. The Organization will assume resignation of the applicant and will drop membership and any certifications forfeiting membership privileges of any Federation membership dues not received by the end of the due month.
- 7. The applicant understands fully all obligations and benefits of the Organization and pledges loyalty, to meet its standards and to promote it.
- 8. The applicant insures that a current USJJO individual liability waiver is on file with the National Office.

Date:		Signature:		
	DD/MM/YY		Applicant	
Date:		Signature:		
	DD/MM/YY		Ranking Committee Approval Authority	
For Offi	icial Use Only			
Certification Fee: \$			Approved:	
			DD / MM / YY	
promote t	two ranks below their	current level. In other word	a minimum age of 25. Certified Examiners are allowed to ls if the Certified Examiner is a 3 rd Dan they can only promote ewal is required every 4 years.	

Please make checks out to the USJJO and send them to the following address:

USJJO 12017 Macquarie Way Fort Myers, FL 33913

E-mail: info@usjjo.org
Web: http://usjjo.org