**IKD TECHNICAL REGISTRATION AND EXAMINATION FORM**

For purposes of clarity all information must be typewritten. Handwritten forms will be returned.

Photo

# Name :

City :

# Address :

Tel :

Postal Code:

Province:

Email:

# Cell :

# Organisation :

Date of Birth:

# Country :

Occupation:

Gender:

# Degree:

Education :

Date Obtained :

Reg. No :

Dan Rank :

Class :

Present Technical License:

# Instructor:

Examiner:

Judge:

License Testing For :

# A

A

A

B

B

B

C

C

C

D

D

D

Please list my qualification in the register of the IKD. I promise to uphold the honour and standards of IKD

Date:

Signature:

**For Examiner’s Use Only**

3 – 1 Kyu Course

Completed

Yes / No

6 – 4 Kyu Course

Completed:

Yes / No

9 – 7 Kyu Course

Completed:

Yes / No

Sandan Course

Completed:

Yes / No

Nidan Course

Completed:

Yes / No

Shodan Course

Completed

Yes / No

Judge Written Exam Mark

%

Examiner Written Exam Mark

%

Instructor Written Exam Mark

%

Kata:

Questions:

Instructions:

Judge Rank Awarded:

A, B, C, D

Examiner Rank Awarded:

A, B, C, D

Instructor Rank Awarded:

A, B, C, D

 Authorized Examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Examination Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_