

# U.S. Soo Bahk Do Moo Duk Kwan Federation®

## APPLICATION FOR KO DAN JA PRE-TEST REGION 9

Date of Pre-Test:   
(Mo Day Year)      Dates of Ko Dan Ja Shim Sa:   
(Mo Days Year)

Last Name:  First Name:  Dan Bon:

Address:   
Street

City/State/Zip:  Email:   
City State/Province Zip

Birth Date:  Age:  Home Tel. #:  Wk or Cell #:   
(Mo Day Year)

Present Rank:  Applying for Rank:  Candidate's Instructor Name:

Medical or Physical Limitations:

Studio Name where Candidate trains:  Studio ID:

Candidate's Signature: \_\_\_\_\_ Date Signed:   
(Mo Day Year)

(To be completed by Candidate's recommending instructor)  
Instructor's Name:  Rank:  Dan Bon:

Recommending Instructor's Signature: \_\_\_\_\_ Date Signed:   
(Mo Day Year)

### Examiner Notes

GI CHO	
HYUNG 1	
HYUNG 2	
HYUNG 3	
HYUNG 4	
IL SOO SIK	
HO SIN SUL	
TUK SOO DEH RYUN	(Tanto & Bong)
WEH GUNG	
NEH GUNG	
SHIM GUNG	

### Authorized TAC and Regional Examiners:

<u>Name</u> (Y/N)	<u>Dan Bon</u>	<u>Signature</u>	<u>Recommendation?</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____