

Examiner Permit



Examiner# given by the WBA

Name in full (*): _____ Date of Birth: _____

Address: _____ Sex: _____

Dan Certificate No.: _____ Nationality: _____

Current Rank (**): _____ Style: _____

Date of Application: _____ Applicant's Signature (***):

I honestly recommend the person named above as a well-qualified applicant for the Examiner Permit.

Name & Address of Dojo: _____

Recommended by (****): _____

Recommender's Stamp, Examiner# & Signature

(*) The Name must be printed or typed and the surname underlined.

(**) The current rank must be given by the WBA, or a photostated copy of the most recently dan certificate must be append by this application.

(***) The applicant must not drawn over the lines.

(****) The recommender of this application and applicant should ensure that no false statement will be found in the application. Otherwise, the permit will be nullified even after ist issuance and the recommender will not be allowed to make further recommendations.