

International Taekwon-Do Federation I.T.F.



국제태권도연맹

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ITF use only

APPLICATION FOR INTERNATIONAL INSTRUCTOR CERTIFICATE

Name: _____ Mr./Ms _____

First Name (1 only)

Family Name

Date of birth: _____ Nationality: _____

Date / month (in letters) / year

(as in passport)

Address: _____

E-mail: _____ Dan Certificate No. _____

Dojang Plaque No. _____ ITF Booklet No. _____

Education: _____

Occupation: _____

Int'l Instructor Course No. _____ Date: _____ Place: _____

passport-size
digital
photograph

ITF World and Continental Championship participation:

Championship name

Country

Participated as

Date: _____ Applicant's Signature: _____

Place(Town, Country) : Pretoria, South Africa _____ Date: _____

Examiner's Name: Senior Master Kim Jong Su _____ Signature: _____

NGB Name: International Taekwon-Do Federation South Africa

Place (Town, Country): Pretoria, South Africa _____ Date: _____

NGB Representative Name: _____ Signature: _____