



All United States Kendo Federation

Request for Kendo/Iaido Examination by an Affiliate Organization of the AUSKF

Kendo / Iaido / Jodo (circle one)

Requesting Rank: _____ **Exam Date:** ____/____/____ (MM / DD/ YYYY)
(Kyu / Dan)

AUSKF ID No: _____ **Member Federation:** _____

Name of the affiliate that will conduct the test: _____
(SUSKIF, etc.)

Name: _____ / _____ / _____
(Last) (First) (Middle)

Address _____
(Street)

_____ / _____ / _____
(City) (State) (Zip)

Phone: _____ **E-Mail:** _____

Date of Birth: ____/____/____ (MM / DD/ YYYY) **Age:** _____

Present Rank: _____ **Date Received:** _____

List any handicaps, injuries, etc.: _____

(Signature of Member Federation President)

(Date)

* To avoid mistakes and delays, please print clearly.

* Please send this form and a copy of your menjo (certificate) with your promotion exam application form to the affiliate which conducts the test.