



UNITED STATES JUDO FEDERATION

Self-Defense Program Trainer & Teacher Certification Application Form

Mailing Address:
P. O. Box 338
Ontario, OR 97914-0338

Telephone:
(541) 889-8753

Faxes:
(541) 889-5836
(413) 502-4983

Internet:
www.usjf.com
no@usjf.com

SELF-DEFENSE TRAINER & TEACHER CERTIFICATION APPLICATION FORM

*****Please use Adobe Acrobat to complete & printout this application form*****

Certification Level You Are Applying For – Please Check Appropriate Box (1)

- Trainer - Sandan minimum, \$30 cert fee
- Teacher - Shodan minimum, \$20 cert fee
- Assistant Teacher - Nikyu minimum, \$10 cert fee

Documentation To Accompany This Application Checklist

- USJF self-defense training completion (copy)
- Rank certification (copy)
- First aid certification (copy)
- Clear background screening (copy)
- CPR certification (copy)

Last Name: _____ First Name: _____

MI: _____ DOB: _____ USJF ID #: _____

Address: _____ Phone: _____

City: _____ FAX: _____

State: _____ Zip: _____ E-Mail: _____

Club: _____ Yudanshakai : _____

Payment:

[] Check [] Visa [] MasterCard Account #: _____

Name On Card: _____ Exp Date: _____ V-Code: _____

Account Billing Address: _____

Issuing Bank: _____ Cardholder Signature: _____

**Make your check payable to the "USJF". Mail completed application, documentation, & payment to:
USJF National Office • P. O. Box 338 • Ontario, OR 97914-0338**

OFFICIAL USE ONLY

Date Received: _____ Check #: _____ Process: _____