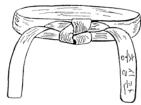
## Choong Sil Taekwondo Federation Application for Rank Testing



Current Planned Test Date	Student #	Expiratio	n Dat	e (Must be cu	urrent to test)	
Name		Weight Age (Yr./Mos.)		(Yr./Mos.)	Date of Birth	Gender
Address: Street	City			State		
( )						
Home Phone				E-mail Add	lress	_
Current Taekwondo Schoo	Instructor N			Name		
Date Training Began (Deta Martial Arts experience yo	•	Current R	ank	Last Testin	g Date	
Applicant Signature	Instructor's		Instructor'	s Signature		
This form must be returned Belt Testing and three (3) d must be submitted to your ins	lays prior to a school	ol testing. I	f you a	are testing at y	our regular school testing	
Rank	Promotion date	Time	at ran	k (months)	MINIMUM TIME	MIN. AGE *
Colored belt					24 months	No minimum
1st Black Recommended					6 months	No minimum
1st Degree Black					12 months	No minimum
2 <sup>nd</sup> Black Recommended					6 months	12 ½ Years
2 <sup>nd</sup> Black Decided					24 months	13 Years
* - If you do not meet the m check with your instructor t	Board Br	e eligible to te	sting	igher rank.  Information	ditional time at black belt rai	nks. Please
Type of Board B	reak <u>I</u>	Difficulty L	evel	Left\Right	# of Boards Bo	ard Size
			R	Hand		
			L	Hand		
			R	Leg		
			L	Leg		
			L	R		