

Picture # _____



AAU TAEKWONDO 2006 OFFICIAL'S CERTIFICATION APPLICATION FORM



**If completing this form in 'Microsoft Excel',
use 'Enter', 'tab', or 'arrows' to navigate through application**

Your Name
First Name (the name you go by) MI Last Name

Address _____

City _____ State _____ Zip _____

Phone # _____ (If keying, enter only numbers --ie. 9991234567)

E-Mail Address _____

Date of Birth _____ Age (as of 8/31/**06**) _____ Sex _____

2006 AAU Membership # _____ **County** in which you reside _____
(not COUNTRY, but COUNTY)

Are you currently certified in the AAU Officials Program? _____ (If no, skip next line)

What is your classification? _____ What is your official's certification number? _____

Do you hold current USAT official's certification? _____ What is that classification? _____

Do you train in martial arts? _____ If so, what is your current rank? _____

What forms do you study? (Put an 'X' by all that apply) WTF ITF TSD/MDK

Indicate any AAU-TKD office(s) you currently hold Clinic Administrator Regional Director District Sports Director

M.A. School _____

Instructor _____

City _____ State _____

To be filled out by clinic administrator

Fee Pd: \$35 _____ How Pd: _____ CK # _____ Recommend Upgrade to _____

Signature / Initials of Clinic Administrator _____