

# The American Judo & Jujitsu Federation, Inc.

## AJJF Custom Certificate Application

The final examiner **and** acting Sensei must sign as indicated below. The applicant must also complete the below declaration.

TYPE OR PRINT CLEARLY, EXACTLY HOW YOU WOULD LIKE IT TO APPEAR ON CERTIFICATE

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_  
Apt. # \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip or Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

E-MAIL \_\_\_\_\_

If applicable, indicate rank(s) and/or title(s) as you wish them to appear on your certificate(s):

Style \_\_\_\_\_

Rank \_\_\_\_\_ Title \_\_\_\_\_

Style \_\_\_\_\_

Rank \_\_\_\_\_ Title \_\_\_\_\_

I hereby declare that I have, and will continue, to conform to the all of the recommendations, requirements, protocol, ethics, and esoteric principles, in accordance to all transmissions and declarations, as taught and written within the AJJF.

AJJF # \_\_\_\_\_

Signature \_\_\_\_\_  
(Applicant)

\_\_\_\_\_ Date

*[continued on next page]*

## AJJF Custom Certificate Approvals

Examiner:

With my signature below, I herein certify that the above candidate has demonstrated an understanding and the required skill levels to obtain an AJJF certificate for AJJF list named and level indicated below:

Names of lists \_\_\_\_\_

\_\_\_\_\_

Level of test \_\_\_\_\_  
(Proficiency or Instructor level)

Lists continued \_\_\_\_\_

\_\_\_\_\_

Examiner Name \_\_\_\_\_ AJJF # \_\_\_\_\_

Rank \_\_\_\_\_ Title \_\_\_\_\_

Examiner Signature \_\_\_\_\_ Date \_\_\_\_\_

Sensei Name \_\_\_\_\_ AJJF # \_\_\_\_\_

Rank \_\_\_\_\_ Title \_\_\_\_\_

Sensei Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by: (must be approved by an AJJF Nidan or above, certified in exam procedures)

Name \_\_\_\_\_ AJJF # \_\_\_\_\_

Rank \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Each certificate is \$20.00 (US).

Please mail this application, copies of any other relative information, and your check or money order payable to **AJJF** to:

AJJF Central Office  
Attn: Office of Certificates  
P.O. Box 596  
Penryn, CA 95663  
1-800-850-AJJF  
FAX 541-770-6016