

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