United	States Taekwondo	Won	Attach (3) 1" x 1" Identification Photos
Applicat	ion For:		
Name: First	Middle	Last	
Address: Street			
City	State	Zip	
Date of Birth:	Sex:	Nationality	:
Current Grade:	Dan (Poom) Dan Applied:		Dan (Poom)
I submit this Application to	the Promotion Board of the United Stat	es Taekwondo V	Von.
Date of Application:	Applicant Signature: X		
I recommen	nd the person above as a qualified applic	ant.	
Name and Address of School:	<b>Recommended By:</b>		
Sheroan's Tae Kwon Do Academy, LLC.	X		
1111 N. Dixie Suite 1	Printed: Robert L. Shere	an	
Elizabethtown, Ky. 42701	Recommender's Dan Certi	ficate No: <u>17-</u>	0003-D8-0523

2. Applicants that are not citizens of the United States of America must attach a document to confirm their actual residence away from their respective foreign country.

## **Education and Experience**

(Year) (Month) (Day)	(Year) (Month) (Day)
(Year) (Month) (Day)	(Year) (Month) (Day)
(Year) (Month) (Day)	(Year) (Month) (Day)
(Year) (Month) (Day)	(Year) (Month) (Day)

## **Taekwondo Records**

(Year) (Month) (Day)	(Year) (Month) (Day)
(Year) (Month) (Day)	(Year) (Month) (Day)
(Year) (Month) (Day)	(Year) (Month) (Day)
(Year) (Month) (Day)	(Year) (Month) (Day)