

International Taekwon-Do Federation I.T.F.



국제태권도연맹

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ITF use only

APPLICATION FOR INTERNATIONAL INSTRUCTOR CERTIFICATE

Name _____ / _____ Mr./Ms.
First Name (1 only) Family Name (1 only)

Address _____

Date of birth _____ Nationality _____
Date / month in word / year (as passport)

E-mail _____ Name of Gym _____



ITF Dan Certificate Nr. _____ Plaque Nr. _____

I request an International Instructor certificate and enclose the fee of €250.00

Applicant's Signature: _____ Date _____
Date / month in word / year

.....
National Governing Body

Approval is given for the certificate to be issued. The above named person attended an International course Nr. _____

NGB President: _____ / _____
(Name in Block capitals) (Signature)

NGB _____
(Name)

(NGB Stamp)

Place _____ Date _____