

United States Taekwondo Association

87 Stonehurst Drive
Tenafly, NJ 07670 USA

www.usta.info ~ e-mail: support@usta.info

Application for Instructor Certification

Name _____ Sex ___ Date of Birth _____ Age _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Instructor _____ His/Her Rank _____

School Name/Address _____

Do you Presently Own & Operate a Commercial School? Yes No (circle one)

Do You Work as An Instructor at a School Owned By Another Person? Yes No (circle one)

Circle Forms Presently Taught: Palgwe Taegeuk WTF Dan ITF Tang Soo Do

List Names of Forms Trained _____

Teaching Experience (Years/Hours) _____

USTA Membership # _____ Present USTA Rank _____ Rank Certification # _____

Signature _____ Date _____

Examiner's Use Only

Applicant Recommended By _____

USTA Instructor Certification # _____ USTA Rank Certification # _____

School Name & Address (If different From Above) _____

Signature _____ Date _____

Comments _____

**Send This Application with Instructor Certification Fee of
\$100 for 3 Years to the Above Address**