

# USA TRADITIONAL KODOKAN JUDO

The USA National Governing Body for Judo with the World Judo Federation

National Office: 3816 Bellingham Drive - Reno, Nevada 89511 USA

Website: www.usatkj.org, Email: natlhq@usatkj.org

## REQUEST FOR VALIDATION OF TRADITIONAL KODOKAN JUDO RANK

### Information:

1. Use this form to validate the Traditional Kodokan Judo Rank of a new or prospective member who presently does not have acceptable rank credentials, and although may be technically valid, has no rank card or certificate from a recognized organization as defined by the Central Technical Committee of the USA-TKJ.
2. This form is to be submitted with a USA-TKJ Membership Application for all applicants who are not presently members of the USA Traditional Kodokan Judo.
3. All entries must be typed or printed clearly. Every section must be completed or the words "not applicable" or "unknown" entered. Forms not properly completed will be returned to recommending official for correction.
4. Fees for validation are as follows: \$25.00 for all "Kyu" ranks, and \$150 beginning at Shodan and increasing by \$25 increments per Dan. (i.e. Shodan, \$150; Nidan, \$175; etc)
5. All recommending officials must be a Certified Instructor / Examiner and a current member of the USA-TKJ.
6. All recommendations for validation to a Kyu grade must be signed by a USA-TKJ Black Belt. If the validation is for a Dan rank, then the validation must be signed by a USA-TKJ Black Belt at least two dan grades higher than that of the applicant.
7. Photo copies of the applicants Traditional Kodokan Judo rank certification (if any), a typewritten or clearly printed biography, and photo, should be attached and submitted with this request.
8. Please make all checks or money orders payable to the USA-TKJ and mail to the USA-TKJ National Headquarters at the above address.

### Applicant Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street and Number) (City and State) (Zip Code)  
Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Club Name: \_\_\_\_\_ Sensei's Name: \_\_\_\_\_

School/Club \_\_\_\_\_

Address: \_\_\_\_\_

Traditional Kodokan \_\_\_\_\_

Judo: \_\_\_\_\_

Age Began Studying: \_\_\_\_\_

Current Rank \_\_\_\_\_ Rank Date: \_\_\_\_\_ Time in Grade: \_\_\_\_\_

**Recommendation for Validation:**

Recommended for (Rank): \_\_\_\_\_ Recommended Rank Date \_\_\_\_\_

Traditional Kodokan Judo \_\_\_\_\_

This Validation is for:

\_\_\_\_\_ Existing Traditional Kodokan Judo Rank without Credentials

\_\_\_\_\_ Best Qualified Traditional Kodokan Judo Rank

\_\_\_\_\_ Other (Explain)

**Traditional Kodokan Judo Activity Record:**

(Complete since starting Traditional Kodokan Judo study or last rank credential)

1. Explain: Time, Location, and Consistency of Applicants Training

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional sheet if needed)

2. If for higher grade. Explain: Time, Location and Consistency of Applicants Teaching

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional sheet if needed)

3. Explain the "Specific Elements" of Traditional Kodokan Judo that the applicant has studied or trained in. (i.e. Kata, Randori, Shiai, Self-Defense, Philosophy, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional sheet if needed)

4. Number of clinics (or institutes) or competition events hosted / conducted

Local Events \_\_\_\_\_

National Events \_\_\_\_\_

5. Number of camps hosted / conducted

Local Events \_\_\_\_\_

National Events \_\_\_\_\_

6. Time served as Head Instructor \_\_\_\_\_

7. Time served as an Assistant Instructor \_\_\_\_\_

8. Number of clinics or camps attended \_\_\_\_\_

9. Any special certification(s)? (i.e. Referee, Instructor, etc) \_\_\_\_\_

10. Other significant Judo activity \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Judo Rank History:**

Rank	Rank Date	Issued Certificate		Instructor	Organization
		Yes	No		

**Special Achievements:**

Provide a narrative of all special achievements such as competition, teaching, tournament officiating, staff work, public relations, demonstrations, hosting clinics or camps, writing publications, etc, (use additional sheet of needed)

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**Certification and Recommendation:**

I certify that the information contained herein is accurate to the best of my knowledge. I have been examined or have presented my Rank Credentials and do accept the Traditional Kodokan Judo Rank recommended for me with the USA-TKJ.

\_\_\_\_\_  
Signature of applicant and date

Validation Fee Enclosed \_\_\_\_\_

I have examined the applicant or have received and reviewed his/her Rank Credentials (Traditional Kodokan Judo Activity & Achievement Record). I find the applicant fully qualified and recommend this rank validation.

\_\_\_\_\_  
Signature of Certified Instructor / Examiner

\_\_\_\_\_  
Printed name, rank & membership number of USA-TKJ Certified Instructor / Examiner

**Additional Endorsements:**

Comments by Additional Endorsing Official \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of additional endorsing officials

\_\_\_\_\_  
Printed name, rank, and membership number of official

**USA-TKJ National Office Processing:**

Please send USA-TKJ credentials to (circle one): Instructor/Examiner | Applicant

Reserved for USA-TKJ National Headquarters

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**NATIONAL OFFICE ONLY**

Date Processed \_\_\_\_\_ Total Amount Paid \_\_\_\_\_ Membership Number \_\_\_\_\_

**USA Member:** Panamerican Judo Union (PJU), World Judo Federation (WJF),  
Martial Arts International Federation (MAIF)  
*Serving American Judo Since 1971*