

Applicant's Name	Family Name	Given Names		M F Gender
Katakana <i>(Leave blank if unknown)</i>				
Date of Birth <i>(dd/mm/yy)</i>	/ /	Email Address		
Home Address	Tel		Fax	

Paste 3cm x 4cm photo here
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Examiner			Recommended Dan Level	Dan
Date of Test <i>(dd/mm/yy)</i>	/ /	Location of Test		
Partner's Name	Family Name	Given Name	Test Order <i>(Applicant)</i>	1 <sup>st</sup> 2 <sup>nd</sup> Only

### Aikido History of Applicant

Level	Date of Test <i>(dd/mm/yy)</i>	Examiner	Level	Date of Test <i>(dd/mm/yy)</i>	Examiner
8th kyu			2nd kyu		
7th kyu			1st kyu		
6th kyu			Shodan		
5th kyu			Nidan		
4th kyu			Sandan		
3rd kyu			Yondan		
Aikido Start Date <i>(mm/yy)</i>	/	Renshinkai Start Date <i>(mm/yy)</i>	/	Current Home Dojo	

I hereby certify that all of the information written above is true and complete.

Applicant Signature	Date (dd/mm/yyyy)	/ /
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### RECOMMENDATION

I \_\_\_\_\_  
*(recommending examiner)*

- 1) Having tested the above applicant according to the curriculum set by Aikido Renshinkai headquarters in Japan and
- 2) having verified that all of the information written above is true and complete, recommend that the above applicant
- 3) having met the minimum time requirements set by Aikido Renshinkai headquarters or having been granted special permission to test early by the Aikido Renshinkai Saiko Shihan be awarded the level of \_\_\_\_ dan

Examiner Signature	Date (dd/mm/yyyy)	/ /
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