

Request for Validation on Senior Aikido Rank

2005 Merrick Road, #313, Merrick, NY 11566 Phone #: 516-366-3311, 727-937-7128, 213-260-9200 www.usja-judo.org, support@usja.net



Section 1 - Information and Instructions

- Use this form to validate the senior rank of a new or prospective member who presently has no rank credentials or has
 credentials which are not recognized by the U.S. National Governing Body, but who is otherwise qualified to hold a Senior
 Rank in the opinion of the validating official.
- This form should be submitted with a USJA Membership Application and current membership dues for all applicants who
 are not presently members of the United States Judo Association. All Life Members must have current USJA insurance
- All entries must be typed or printed clearly. Every section must be completed or the words "not applicable" or "unknown" entered. Forms not properly filled out will be returned for correction to the recommending official.
- Fees for validation of rank are as follows: \$30.00 for 6th through 4th kyu, \$35.00 for 3rd through 1st kyu, \$125 for Shodan, \$150.00 for Nidan, \$175.00 for Sandan, etc., (Add \$25 for each additional rank.).
- Validations for Yodan and above require a separate, non-refundable check for processing in the amount of \$30.00.
 Applicants should note that the policy of the USJA Board of Directors recommends that all black belts start their Life
- Membership. You may make payments or complete your Life Membership In Section 7 of this application. Total Life Membership is currently \$400; minimum payment is \$30.00.
- All recommendations for , (validation must be submitted to the USJA (ACE) Aikido Certified Examiners Division Committee /
 Promotion Board Secretary to keep a file on all Aikidoka), Kyu grade must be signed by a USJA Black Belt. If the validation is
 for a Dan grade, then the validation must be signed by a USJA (ACE Certified Examiners Division who is at least two grades
 higher than the one that the new member is being validated for. Validations for a Dan grade should include recommendations
 from one or more endorsing officials. Validations for the rank of Yodan or higher must be approved by the USJA (ACE) Aikido
 Certified Examiner Division Committee / Promotion Board.
- Photocopies of the applicant's Aikidokas credentials (if any and a Passport Photo of all Black Belts) should be attached and submitted with this request.
- Please make all checks or money orders payable to "USJA" and mail to the above address.

Section 2 - Information on Applicant	
Name:	Credentials not recognized Does not possess credential
Address:	
	State: ZIP:
Telephone: ()	Fax: ()
Birth Date:	Age: Age Started Martial Art:
Current Club:	For How Long?
USJA Club Number:	Total Club Membership:Class Clubs:
Club Duties (Coach, Secretary, etc.):	
Rank Date (if any):	Time -in-Grade (if any):
Section 3 - Information and Instructions	
Recommended For (Rank):	_Martial Art:
Recommended Rank Date (if for existing rank):_	
This Validation Is For: () Existing rank issue (Explain):	ued () Without proper credentials () Best qualified rank Other



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Section 4 Martial Arts Activity Record (Complete since s	tarting	Martial .	Arts or s	since las	t recog	nized Ra	nk Cred	lentials.	
Type of Activity	20	20	20	20	20	20	20	20	20_
Number of Clinics Hosted/Conducted (1 Day or More)									
Number of Camps Hosted/Conducted (5 Day or More days)									
Head Instructor (Indicate Club Membership)									
Assistant Instructor (Indicate Club Membership)									
Number of Clinic Attended (1 Day or More)									
Number of Clinics Hosted/Conducted (5 Days or More days)									
Number of Training Camps (Attended (5 Days Day or More)									
Certification (Indicate Type)									
Other									
Other									
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USJA (ACE) Aikido Certified Examiners Division Validatation for Senior Aikidoka Form 7 A January 1, 2016



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ank	Rank Date	Given Certificate	Club Name	Instructor	Organization/Affiliation
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		□ Yes □ No			
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		☐ Yes ☐ No	17		
		☐ Yes ☐ No	-		
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Section 7 - Certification and Recommendation	
I certify that the information contained herein is accurate to the best of my knowledge. I have been examined and accept the rank recommended for me.	I have examined the applicant by administrating the proper USJA Senior Aikido Rank Examination. I find the applicant fully qua lified and recommend this validation.
Signature of Applicant	Signature of Examiner
Validation Fee Enclosed: Life membership Payment Enclosed:	Printed name, rank and membership number of the USIA examiner. Must be USIA Certified Examiner for Nidan or above).
Total Amount Enclosed:	Date Recommended:
Section 8 - Additional Endorsements Comments by First Endorsing Official:	
Comments by Second Endorsing Official:	
Signature of Second Endorsing Official	Printed name, rank and membership number of official
Section 9 - Processing	Reserved for USJA Processing.
Please return credentials to	
☐ Member	
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