

UNITED STATES JU-JITSU FEDERATION

The National Governing Body for Ju-Jitsu in the United States of America

USJJF National Office: 1850 Columbia Pike, Ste. # 612, Arlington, VA 22204 USA

TEL: & FAX: 703-920-1590, Website: www.usjff.org, Email: natlhq@usjff.org

REQUEST FOR VALIDATION OF JU-JITSU OR JUDO RANK

Information

1. Use this form to validate the Ju-Jitsu or 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 USJJF.
2. This form is to be submitted with a USJJF Membership Application for all applicants who are not presently members of the United States Ju-Jitsu Federation.
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 USJJF.
6. All recommendations for validation to a Kyu grade must be signed by a USJJF Black Belt. If the validation is for a Dan rank, then the validation must be signed by a USJJF Black Belt at least two ranks higher than that of the applicant.
7. Photo copies of the applicants Ju-Jitsu or 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 USJJF and mail to the USJJF National Headquarters at the above address.

Applicant Information

Name: _____ Date: _____
Address: _____
(Street and Number) (City and State) (Zip Code)
Birth Date: _____ Age: _____
Work Phone: _____ Home Phone: _____
Fax: _____ E-Mail: _____
Club Name: _____ Sensei's Name: _____
Club Address: _____
Ju-Jitsu or Judo: _____
(circle one & specify
Ju-Jitsu System)
Current Rank _____ Rank Date: _____ Age Began Studying: _____
Time in Grade: _____

Recommendation for Validation

Recommended for (Rank): _____ Recommended Rank Date _____
Ju-Jitsu Style: or Judo _____
This Validation is for: _____

_____ Existing Ju-Jitsu or Judo Rank without Credentials
_____ Best Qualified Ju-Jitsu or Judo Rank
_____ Other (Explain)

Ju-Jitsu or Judo Activity Record

(Complete since starting Ju-Jitsu or 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 the system of Ju-Jitsu or Judo that the applicant has studied. (i.e. Kata, Free-Sparring, Weapons, 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 Ju-Jitsu or Judo activity _____

Additional Endorsements

Comments by Additional Endorsing Official _____

Signature of additional endorsing officials

Printed name, rank, and membership number of official

USJF Processing

Please send USJF credentials to (circle one): Instructor/Examiner | Applicant

Reserved for USJF National Headquarters

Please note that the USJF does not ship bulk forms