



Capital Aikido Federation

945 Selim Road, Silver Spring, MD 20910 • 301-588-5179 • www.capitalaikido.org

Application for Rank

please print legibly

DATE OF TEST _____
day 00 / month 00 / year 0000

NAME _____ CAF MEMBERSHIP NO. _____
last/first/middle

ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ SEX M F
day 00 / month 00 / year 0000

OCCUPATION _____ CITIZEN OF _____

I began practicing Aikido on _____ and presently hold the grade of _____
day 00 / month 00 / year 0000

awarded to me on _____ by _____
day 00 / month 00 / year 0000 examiner's name

at an examination held at _____. I have practiced _____ days since that grading.

I hereby apply for the grading of: _____.

INSTRUCTOR _____ DOJO _____
I hereby recommend this application to the consideration of the examination committee.

Instructor's Signature

Applicant's Signature

To be completed by applicants for nidan and above:

Yudansha card no. _____ Aikikai Foundation membership no. _____

Promotion by: Examination Recommendation Disposition: Pass Fail

by _____ on _____ at _____
examiner's name day 00 / month 00 / year 0000 location of examination

APPROVED BY _____ DATE _____
for CAF Examination Committee day 00 / month 00 / year 0000