

Examination form 【Qualification】

(Fill in the items below completely)

Date of Examination : / / * (yyyy/mm/dd)

Name			
Nationality			
Date of Birth	/ / * (yyyy/mm/dd)	Age	
Organization Name	OJKA Canada		
Membership Number	- - -	Expiration date	/ /
Present Rank	Dan	Acquisition date : / / * (yyyy/mm/dd)	Registration number :
Holding License	Instructor	Examiner	Judge
Acquisition date	/ /	/ /	/ /
Testing License	Instructor	Examiner	Judge
	A	A	A
	B	B	B
	C	C	C
	D	D	D
		Examiner's name	

(For the administration only)

* Examiner should circle PASS / FAIL.

Result	PASS FAIL	PASS FAIL	PASS FAIL
Scoring			
Exam Fee			
Registration Fee			
Note			