

Qualified Examiner Registration Form (New or Renewal)

Please fill in all fields.

Your rank of Qualified Examiner: ASSISTANT EXAMINER

Your name: LUCIANO CARTA sex: M / F

The date of your birth: 29th October

Your Ki society or Federation: KI AIKIDO BRAZIL

Your address: FLAT 1002, 1115, Marechal Deodoro Street
Centro. CEP: 80.060-010 - CURITIBA-PR - BRAZIL

Your phone number: +55 41 99112-0886

Your Shinshin Toitsudo rank: SHODEN

The date of present Toitsudo rank obtained: OCTOBER 11, 2012

Your Shinshin Toitsu Aikido rank: YONDAN

The date of present Ki-Aikido rank obtained: JANUARY 3rd, 2008

Your Lecturer rank: ASSISTANT EXAMINER

The date of present Lecturer rank obtained: OCTOBER 11, 2012

Name of your Chief Instructor: KOICHI KASHIWAYA

Chief Instructor of MIDLAND Ki Society/Ki Federation.

Signature of the Chief instructor: _____

Signature of applicant: _____

- If you do not remember the exact date you obtained your rank, write the year and month.
- Please attach the recommendation letter of the applicant.