

## Qualified Examiner Registration Form (New or Renewal)

**Please fill in all fields.**

Your rank of Qualified Examiner: Examiner

Your name: Russell Jones sex: M / F

The date of your birth: February 3, 1957

Your Ki society or Federation: Florianopolis Ki-Aikido

Your address: Servidão Verde 84, Costa de Dourado  
Florianopolis SC, Brazil / 88067-610

Your phone number: 55 48 9986 30337

Your Shinshin Toitsudo rank: Jodeu

The date of present Toitsudo rank obtained: October, 1998

Your Shinshin Toitsu Aikido rank: 6th dan

The date of present Ki-Aikido rank obtained: January 2013


Your Lecturer rank: Associate Lecturer

The date of present Lecturer rank obtained: September 16, 1996

Name of your Chief Instructor: Koichi Kashinaga

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.