



RECOGNITION REQUEST FOR BLACK BELT RANK OBTAINED FROM A FOREIGN FEDERATION

226-1725 St. Laurent Blvd. Ottawa, ON K1G 3V4 t: 613-738-1200 f: 613-738-1299

PLEASE PRINT IN BLOCK LETTERS

Surname		First Name		Provincial No.		Judo Canada No.	
Address				Present Dojo		Date of Enrollment	
City		P/T	Postal Code	Instructor - Dan		Year started Judo	
Telephone no. (h)		Telephone no. (w)		Present Rank		Date Obtained	
E-mail				Granting Federation (no abbreviations please)			
Citizenship				Granted as:		Non-Competitor	
Status				<input type="checkbox"/> Batsugun		<input type="checkbox"/> Honorary	
Date of birth				<input type="checkbox"/> Koseki		<input type="checkbox"/> Competitor	
DD MM YYYY				Attached Documents			
Age				<input type="checkbox"/> Judo Canada Passport			
<input type="checkbox"/> Citizen				<input type="checkbox"/> Proof of previous Dan rank(s)			
<input type="checkbox"/> Permanent Resident				<input type="checkbox"/> Proof of immigration status			
<input type="checkbox"/> Work Permit				<input type="checkbox"/> Payment			
<input type="checkbox"/> Foreign Student							
<input type="checkbox"/> Political Refugee							
<input type="checkbox"/> Other							

Signatures	
Signature of Candidate	Date
Signature of Head Sensei	Date
Signature of Provincial Grading Board Chairman	Date

ALL FORMS MUST BE CORRECTLY COMPLETED WITHOUT ERRORS OR OMMISIONS

Reserved for Judo Canada use.	
<input type="checkbox"/> Accepted	Comments
<input type="checkbox"/> Refused	Reason for Refusing
Signature of National Grading Board Chairman	
Date	