

**All United States Kendo Federation (AUSKF)**

CERTIFICATE REQUEST FORM

CERTIFICATE HOLDER INFORMATION:

Club/DOJO Name:

Attention:

Address:

Phone Number: Email/Fax:

Venue/Facility Requesting Certificate:

Address:

Phone Number: Email/Fax:

*\*\*INCLUDE COPY OF INSURANCE REQUIREMENTS IF AVAILIBLE*

CERTIFICATE NEED BY DATE: \_\_\_

\*RUSH REQUEST: \_\_\_\_\_\_\_

INTEREST OF CERTIFICATE HOLDER(Check appropriate boxes):

Mortgagee Landlord Auto or Equipment Lessor

Required by Contract – If so, provide copy of contract for review

CERTIFICATE HOLDER TO BE ADDITIONAL INSURED? YES

DELIVERY:

ORIGINAL: MAIL FAX E-MAIL TO:

COPY: E-MAIL TO:

COPY**:** [**ins.auskf@gmail.com**](mailto:ins.auskf@gmail.com) (for record keeping)

**EMAIL REQUEST FORM TO: ins.auskf@gmail.com**

**AUSKF Insurance Coordinator Contact: Susan Zau at (858)-784-1358**