



**SEIWAKAI KARATE SILICON VALLEY GŌJŪKAN (SKSV) Member JKF GŌJŪKAI**  
 誠和会空手ケイ素谷 所属支部 全日本空手道連盟剛柔会  
**SHINSA (TESTING) APPLICATION**

Held on \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ (Day - Month - Year) Held at: \_\_\_\_\_

NAME (名前)	Address (住所)
COUNTRY / TERRITORY	& STATE OR PROVINCE
DATE OF BIRTH (生年月日):	____ / ____ / ____ (dd / mm / yyyy) (____) years old (才)
Email:	Tel & Fax (電話番号・ファクス):
DATE OF STARTING KARATE	
____ / ____ / ____ (dd / mm / yyyy)	
PRESENT GRADE (現段級):	ATTEMPTED GRADE (受審段位):
RECEIVED DATE:	
____ / ____ / ____ ( dd / mm / yyyy )	

**FOR OFFICIAL USE**

RESULT (決定段位)	DAN / KYŪ (段 / 級)	CERTIFICATE NO. (免状番号)
CERTIFIED THE ABOVE 上記の通り認定した。	DATE:    /    /	
BY CHIEF EXAMINER (審査委員長)	BY CHIEF OF TESTING COMMITTEE (段位委員会委員長)	
NAME (名前): _____	NAME (名前) _____	
SIGNATURE (署名): _____	SIGNATURE (署名) _____	