

AUSTRALIAN FEDERATION OF BRASILIAN JIU JITSU

In association with IBJJF

APPLICATION FOR BLACK BELT CERTIFICATE

I hereby apply to be considered for the rank of black belt degree(s).

Name:

Mailing Address:

City:

State:

Post Code:

Country:

Home Phone:

Work Phone:

Date of Birth: ____/____/____

E Mail:

AFBJJ/IBJJF Membership ID #:

Years of Training:

Years of Black Belt:

Belt Rank

Belt	Date	Instructor
Blue	____/____/____	
Purple	____/____/____	
Brown	____/____/____	
Black	____/____/____	

Competition/Courses/Referee

Description	Date	Belt	Location

Instructor Resume

Name	AFBJJ Membership ID #	Black Belt Rank

Applicant's Signature:

Date:

Instructor's Signature (Certified AFBJJ/IBJJF):

Date:

AFBJJ USE ONLY

Approved:

Not Approved:

Black Belt Rank:

AFBJJ's Representative Signature:

DATE: