



**UNITED STATES JUDO ASSOCIATION**

**Request for Validation of Rank**

21 North Union Boulevard, Suite 200, Colorado Springs, Colorado 80909-5742  
Toll Free Number: (877) 411-3409 Telephone: (719) 633-7750 Fax: (719) 633-4041  
Web site: [www.usja-judo.org](http://www.usja-judo.org) Email: [membership@usja-judo.org](mailto:membership@usja-judo.org)

**Section 1 - Information and Instructions**

- Use this form to validate the senior rank of a new or prospective member who presently has no rank credentials or has credentials which are not recognized by the U.S. National Governing Body, but who is otherwise qualified to hold a senior rank in the opinion of the validating official.
- This form should be submitted with a USJA Membership Application and current membership dues for all applicants who are not presently members of the United States Judo Association. All Life Members must have current USJA insurance.
- All entries must be typed or printed clearly. Every section must be completed or the words "not applicable" or "unknown" entered. Forms not properly filled out will be returned for correction to the recommending official.
- Fees for validation of rank are as follows: \$30.00 for 6th through 4th kyu, \$35.00 for 3rd through 1st kyu, \$125 for Shodan, \$150.00 for Nidan, \$175.00 for Sandan, etc., (Add \$25 for each additional rank.).
- Validations for Yodan and above require a separate, non-refundable check for processing in the amount of \$25.00.
- Applicants should note that the policy of the USJA Board of Directors recommends that all black belts start their Life Membership. You may make payments or complete your Life Membership In Section 7 of this application. Total Life Membership is currently \$400; minimum payment is \$25.00.
- All recommendations for validation to a kyu grade must be signed by a USJA black belt. If the validation is for a dan grade, then the validation must be signed by a USJA Certified Examiner who is at least two grades higher than the one that the new member is being validated for. Validations for a dan grade should include recommendations from one or more endorsing officials. Validations for the rank of Yodan or higher must be approved by the USJA National Promotion Board, which meets three times a year.
- Photocopies of the applicant's judo credentials (if any) should be attached and submitted with this request.
- Please make all checks or money orders payable to "USJA" and mail to the above address.

**Section 2 - Information on Applicant**

Name: \_\_\_\_\_  Does not possess credentials  
 Credentials not recognized

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Age Started Martial Art: \_\_\_\_\_

Current Club: \_\_\_\_\_ For How Long? \_\_\_\_\_

USJA Club Number: \_\_\_\_\_ Total Club Membership: \_\_\_\_\_ Class Clubs: \_\_\_\_\_

Club Duties (Coach, Secretary, etc.): \_\_\_\_\_

Current Rank (if any): \_\_\_\_\_ Martial Art: \_\_\_\_\_

Rank Date (if any): \_\_\_\_\_ Time-in-Grade (if any): \_\_\_\_\_

**Section 3 - Recommendation for Validation**

Recommended For (Rank): \_\_\_\_\_ Martial Art: \_\_\_\_\_

Recommended Rank Date (if for existing rank): \_\_\_\_\_

This Validation Is For:  Existing rank issued without proper credentials  Best qualified rank  Other (Explain): \_\_\_\_\_





**Section 7 - Certification and Recommendation**

I certify that the information contained herein is accurate to the best of my knowledge. I have been examined and accept the rank recommended for me.

I have examined the applicant by administrating the proper USJA Senior Rank Examination. I find the applicant fully qualified and recommend this validation.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Signature of Examiner*

Validation Fee Enclosed: \_\_\_\_\_

Life membership Payment Enclosed: \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

\_\_\_\_\_  
(Printed name, rank and membership number of the USJA examiner. Must be USJA Certified Examiner for Nidan or above).

Date Recommended \_\_\_\_\_

**Section 8 - Additional Endorsements**

Comments by First Endorsing Official:

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\_\_\_\_\_  
*Signature of First Endorsing Official*

\_\_\_\_\_  
*Printed name, rank and membership number of official*

Comments by Second Endorsing Official:

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\_\_\_\_\_  
*Signature of Second Endorsing Official*

\_\_\_\_\_  
*Printed name, rank and membership number of official*

**Section 9 - Processing**

Please return credentials to:

Examiner  
 Member

Reserved for USJA Processing.