



UNITED STATES JUDO ASSOCIATION

Application for Certification as a USJA certified Technical Official

Includes Answer and Evaluation Sheet

United States Judo Association PO Box 1880, Tarpon Springs, FL 34688-1880

Toll Free: (877) 411-3409 Telephone: (727) 937-7120 Fax: (888) 276-3432

Website: www.usja-judo.org Email: membership@usja-judo.org

Section 1: Applicant Information

(Circle one)

(Circle one)

New Renewal USJA Member: Yes or No Membership Number: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Club Name: _____ Age: _____

Telephone: _____ Email: _____

Section 2: Certification Information

Applying for (Check 1): Level-E: Level-D: Level-C:

If testing for Level-D or C must show prior certification to Examiner

Name/Location of Tournament: _____

Examiner: Name (Please Print)

Signature

Certification Level

Written Score: _____ Practical Score: _____ Date: _____ Passed: _____

Section 3: Technical Official Certification Fee

Technical Official Certification Fee: \$20.00 send certification fee and this form to the USJA National Headquarters upon completion

Payment Enclosed: Check (Payable to USJA): Visa: Master Card: Discover:

Credit Card: _____ Expiration Date: _____

Authorized Signature: _____

Section 4: Written Examination Answer Sheet

1. A B C D E 11. A B C D E 21. A B C D E 31. A B C D E 41. A B C D E
 2. A B C D E 12. A B C D E 22. A B C D E 32. A B C D E 42. A B C D E
 3. A B C D E 13. A B C D E 23. A B C D E 33. A B C D E 43. A B C D E
 4. A B C D E 14. A B C D E 24. A B C D E 34. A B C D E 44. A B C D E
 5. A B C D E 15. A B C D E 25. A B C D E 35. A B C D E 45. A B C D E
 6. A B C D E 16. A B C D E 26. A B C D E 36. A B C D E 46. A B C D E
 7. A B C D E 17. A B C D E 27. A B C D E 37. A B C D E 47. A B C D E
 8. A B C D E 18. A B C D E 28. A B C D E 38. A B C D E 48. A B C D E
 9. A B C D E 19. A B C D E 29. A B C D E 39. A B C D E 49. A B C D E
 10. A B C D E 20. A B C D E 30. A B C D E 40. A B C D E 50. A B C D E

Section 5: Practical Examination Evaluation Sheet

Match #	Comments	Match #	Comments
1		13	
2		14	
3		15	
4		16	
5		17	

6		18	
7		19	
8		20	
9		21	
10		22	
11		23	
12		24	
Total Deductions: _____		Practical Score: _____	
Passed: _____		Failed: _____	
Examiner: Print Name		Examiner's Signature	