



THE INTERNATIONAL  
DISABLED SELF-DEFENSE  
ASSOCIATION  
APPLICATION FOR  
IDSA CERTIFIED  
INSTRUCTOR LICENSE

Please attach 2  
Passport size  
Photos HERE  
(Use paper clip!  
Do not STAPLE  
OR GLUE!)

Please Print Or Type

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Education \_\_\_\_\_  
 SSN#: \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Have you ever been convicted of a crime? ( )YES ( )NO  
 If YES, please explain: \_\_\_\_\_

Martial Arts Background

When did you first start Martial Arts Training? \_\_\_\_\_ How many years of training? \_\_\_\_\_  
 Art/Style A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_  
 Rank A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_  
 IDSA Training to date: \_\_\_\_\_  
 Name of your school \_\_\_\_\_  
 Address \_\_\_\_\_ Phone# \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Name of your Instructor \_\_\_\_\_  
 His/Her Rank A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_

**NOTE: Please attach a CLEAR and LEGIBLE COPY of your current DAN Certificate. If applying for HIGHER than 1st DAN, attach copies of EACH PRIOR DAN Certificate.**

Please accept my application for Certified Instructor Licensing in IDSA Combat Hapkido (“Defense-Ability”). I have enclosed:

- Properly completed application
- 2 Passport Photos
- Copies of current Black Belt Certificates
- Certification fee of US \$ \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature Date