



# International Brazilian Jiu-Jitsu Federation

17955 SkyPark Cir. Ste. C/D - BLDG 37 - Irvine, CA, 92614

[www.ibjjf.org](http://www.ibjjf.org) - [membership@ibjjf.com](mailto:membership@ibjjf.com)

## APPLICATION FOR BLACK BELT CERTIFICATE

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

Name:

Mailing Address:

City:

State:

Zip Code:

Country:

Home Phone:

Work Phone:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

E Mail:

IBJJF Membership ID #:

Years of Training:

Years of Black Belt:

Date of 1<sup>st</sup> IBJJF Membership:

Date of 1<sup>st</sup> Black Belt Membership:

*Please note, time for your degrees will be evaluated based on the rules laid out in Article 4.1.3 of the IBJJF Graduation System.*

### Belt Rank

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

### Competition/Courses/Referee

| Description | Date | Belt | Location |
|-------------|------|------|----------|
|             |      |      |          |
|             |      |      |          |
|             |      |      |          |

Instructor Name:

Instructor Membership ID #:

Instructor's Signature (Certified IBJJF):

Date:

Applicant's Signature:

Date:

### IBJJF USE ONLY

Approved:

Not Approved:

Black Belt Rank:

IBJJF's Representative Signature:

DATE: