

The Educational Martial Arts System, Inc.
Instructor's Authorization/Notice and Request for Dan Testing

This form is due to TEMAS two (2) months before the date of the test.

Name and rank of Applicant(s)

Member's Name

Rank Tested For

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

I _____ (Instructor's name) affirm that the above individuals are prepared and complete in the requirements of The Educational Martial Arts System, Inc. to test for his/her belt level. I agree to hold The Educational Martial Arts System, Inc. member studio location where this promotion examination is being conducted and The Educational Martial Arts System, Inc., its officers, testing examiners, guests, and members, free and harmless of any liability or damages for personal injuries sustained, be they physical or mental, during said promotion examination for myself or any of my testing or assisting students. I also agree to uphold the results of the testing panel whether they are pass, probation or failure.

Instructor's Signature

Rank

Date

Received by TEMAS: _____
Date

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Form: BB ANR