



Certified Martial Artist Application & Background Form

Martial Arts Certification Authority

IMPORTANT: You must fill out the Application for Registered Martial Artist before completing this form.

Instructions

Thank you for your interest in the Certified Martial Artist™ programs. We believe in building a community of trustworthy individuals to carry on the invaluable life lessons and traditions found in the martial arts. Certification requires that you are instructor-qualified in a recognized system of martial arts.

Before continuing, please be sure you have completed the registration application that includes the necessary background information. You should also be familiar with the criteria for certification found here:

<http://www.CertifiedMartialArts.com/Certification-Criteria.aspx>

Full disclosure on this application is required to become Certified.

This form facilitates the background investigation including rank authentication, certification verification, and competition record verification required for Certified Martial Artist status. Applicants must supply supporting documentation along with this application, including copies of certificates, cards, competition records, etc.

Please complete all fields as completely as possible. Incomplete applications will not be accepted. All information supplied on this application will be investigated by a licensed private detective. Applications that contain information that is found to be misleading, omitted, incorrect, inaccurate, or incomplete in any way will be declined without refund. Learn more about registration policies:

<http://www.CertifiedMartialArts.com/Registration-Policies.aspx>

The Martial Arts Certification Authority does not issue refunds of registration or certification fees for any reason.

All information supplied on this form is used for the purpose of evaluating the applicant's eligibility for Certified Martial Artist status and for no other purpose. Information on this application may be included on the applicant's public profile, excluding any contact information provided for instructors, organizations, and references.

Please write legibly or the form may be returned to you.

Send completed form, including all accompanying materials, to:

Martial Arts Certification Authority
1009 Saxon Hill Drive
Hunt Valley, MD 21030 USA



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Personal Information

Name: _____
 First, Middle, Last

Email Address (required): _____

Current Address: _____
 Address, Apt/Ste, City, State, Zipcode

Home Telephone: _____ Mobile Phone: _____

Martial Arts Rank Authentication

Please include only ranks that you wish to have authenticated. Note there are additional charges for ranks that were not earned from a Certified Martial Artist instructor. Please be sure to include the necessary fees to verify these ranks. Leave blank any

Rank 1

Martial Arts Style: _____

Governing Organization: _____

Organization Address: _____

Organization Phone: _____ Organization Web Site: _____

Rank Claimed: _____ Date of Rank: _____

Instructor Name: _____ Instructor Phone #: _____

Instructor Rank: _____ Certification #: _____

First Date of Study in this Style: _____

Verification Method: Certificate / ID Card / Web Site / Call Instructor / Other

Notes: _____



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Martial Arts Certification Authority

Rank 2

Martial Arts Style: _____

Governing Organization: _____

Organization Address: _____

Organization Phone: _____ Organization Web Site: _____

Rank Claimed: _____ Date of Rank: _____

Instructor Name: _____ Instructor Phone #: _____

Instructor Rank: _____ Certification #: _____

First Date of Study in this Style: _____

Verification Method: Certificate / ID Card / Web Site / Call Instructor / Other

Notes: _____



Certified Martial Artist Application & Background Form

Martial Arts Certification Authority

Rank 3

Martial Arts Style: _____

Governing Organization: _____

Organization Address: _____

Organization Phone: _____ Organization Web Site: _____

Rank Claimed: _____ Date of Rank: _____

Instructor Name: _____ Instructor Phone #: _____

Instructor Rank: _____ Certification #: _____

First Date of Study in this Style: _____

Verification Method: Certificate / ID Card / Web Site / Call Instructor / Other

Notes: _____

Copy this sheet if you have more than three ranks to authenticate.



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Martial Arts Certification Authority

Fight Record

Please list any professional (paid) fights or competitions in this section. All other competition information goes in the Martial Arts Competition Record section below. Include a source of verification for your record such as state athletic commission or a large organization.

Do you have a professional fight record: Yes / No

If you answered No above, skip to the next page.

Circle Styles: MMA / Kickboxing / Boxing / Submission Wrestling / Other

Current Record: Wins _____ Losses _____ Draws _____ No-Contest _____

List Organizations & Leagues: _____

Record Verification Source (official web site): _____

Record Verification Source (official web site): _____

Record Verification Source (official web site): _____

Notes: _____



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Martial Arts Certification Authority

Martial Arts Competition Record

Include any competition history, results, and records that would like included on your Certification page. You may leave this section blank. Feel free to include related activities such as wrestling, boxing, tournaments, leagues, as well as amateur fights, matches, etc. You may include information from school-related activities as well as employer-sponsored competitions. Do not include in-house competitions unless they are open to participation from the public.

Competition Type: _____

Governing Organization: _____

Competition Dates: _____

Official Record: _____

Competition Type: _____

Governing Organization: _____

Competition Dates: _____

Official Record: _____

Competition Type: _____

Governing Organization: _____

Competition Dates: _____

Official Record: _____

Competition Type: _____

Governing Organization: _____

Competition Dates: _____

Official Record: _____



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Martial Arts Certification Authority

Industry Certifications, Licenses, and Training

In this section list any applicable certifications you would like included in your profile. This may include certifications or training courses in military, law enforcement, weapons/firearms, security, competition (e.g. referee or judge), medicine (physician, nurse, EMT, CPR, etc), fitness (personal trainer, massage therapist, nutritionist, acupuncturist), education, and foreign languages.

If you earned a certification, credential, or completed some sort of specialized training and you feel it's applicable to your martial arts profession, then feel free to include it.

Course/Certification Title: _____

Credential Earned: _____

Organization: _____

Organization Contact Information: _____

Instructor Name: _____ Instructor ID #: _____

Course Location: _____ Completion Date: _____

Course/Certification Title: _____

Credential Earned: _____

Organization: _____

Organization Contact Information: _____

Instructor Name: _____ Instructor ID #: _____

Course Location: _____ Completion Date: _____



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Martial Arts Certification Authority

Course/Certification Title: _____

Credential Earned: _____

Organization: _____

Organization Contact Information: _____

Instructor Name: _____ Instructor ID #: _____

Course Location: _____ Completion Date: _____

Course/Certification Title: _____

Credential Earned: _____

Organization: _____

Organization Contact Information: _____

Instructor Name: _____ Instructor ID #: _____

Course Location: _____ Completion Date: _____

Course/Certification Title: _____

Credential Earned: _____

Organization: _____

Organization Contact Information: _____

Instructor Name: _____ Instructor ID #: _____

Course Location: _____ Completion Date: _____



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Statement & Signature

I certify the information provided is complete, true, and correct to the best of my knowledge. I hereby authorize the Martial Arts Certification Authority and its parent company Atlantic Defense, as well as Sports Verification Services and the Surveillance Group to conduct a thorough background investigation on myself to verify the information contained in this document, including contacting instructors, certification organizations, and educational institutions listed above.

I hereby authorize my prior instructors, schools, and other educational institutions that provided training to me to release any and all records to the Martial Arts Certification Authority and its authorized representatives on my behalf, including transcripts, certificates, diplomas, and any other information necessary to validate the courses and credentials herein listed.

I understand that application fees are non-refundable regardless of outcome.

Print Name: _____

Signature: _____ Date: _____



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Martial Arts Certification Authority

Application Checklist

1. _____ Registered Martial Artist application completed.
2. _____ At least one instructor-equivalent rank is included.
3. _____ If rank was not issued by a Certified Martial Artist Instructor, then proper supporting documentation (certificates, ID cards, diplomas, etc) are included along with contact information for the instructor.
4. _____ Each rank not issued by a Certified Martial Artist for certification includes the proper additional certification fee.
5. _____ Professional fights only include events for which you were paid
6. _____ Competition records include official verification sources
7. _____ Certifications, licenses, and training include contact information or an official web site to verify them
8. _____ Include copies of all supporting documentation, including transcripts, diplomas, certificates, identification cards, etc.
9. _____ Sign the application.
10. _____ Mail the application to the address listed on the first page.