



Registered Martial Artist Application & Background Form

Required for Certified Martial Artist
Martial Arts Certification Authority

Instructions

Thank you for your interest in the Registered Martial Artist™ and 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. Before continuing, please become familiar with our registration criteria, including the factors for disqualification. Those factors include criminal history, sex offender status, illegal immigration status, dishonorable military discharge, history of drug use, and mental illness.

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

Full disclosure on this application is required to become Registered and Certified.

This form facilitates the background investigation required for Registered Martial Artist and Certified Martial Artist status. Those applying for Certification must also complete the Certification application in addition to this form. All applicants must include a copy of their driver's license, military ID, passport, or state-issued identification card.

Please complete all fields as completely as possible. Incomplete applications will not be accepted. There must not be any gaps in address history. 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 Registered Martial Artist status and for no other purpose. All information is kept private, except portions of the form specifically noted as public fields that will appear in the member's public profile on the CertifiedMartialArts.com web site upon award of Registered Martial Artist status.

Please write legibly or the form may be returned to you. Alternately you can use the online Registration form:

<http://www.CertifiedMartialArts.com/Apply.aspx>

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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Employment Information

Current Employer Name: _____
Enter the name of the company that is your primary employer.

Job Title: _____ Dates of Employment: _____

Employer Address: _____

Supervisor Name: _____ Supervisor Phone: _____

Prior Employer Name: _____

Job Title: _____ Dates of Employment: _____

Employer Address: _____

Supervisor Name: _____ Supervisor Phone: _____

Prior Employer Name: _____

Job Title: _____ Dates of Employment: _____

Employer Address: _____

Supervisor Name: _____ Supervisor Phone: _____



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Military Service

Have you ever served in the Armed Forces, including reserves? Yes / No

Are you currently an active member of the Armed Forces? Yes / No

If yes, please list your current unit assignment, location, and supervisor:

Please list military unit assignments along with dates of service:

Military discharge type and date: _____



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Background Information

Use additional paper or page eight of this application if you need more room to answer.

Have you ever been arrested, charged, or convicted of any of the following:

1. Sexual assault, harassment, or any other sex-related crime: Yes / No

If yes, explain: _____

2. Drug possession, distribution, or other drug-related crime: Yes / No

If yes, explain: _____

3. Assault, Battery, Domestic Violence, Child Abuse, Animal Cruelty, Gun/Weapon Charges, or any other violent crime? Yes / No

If yes, explain: _____

Do you have a history of abusing drugs (including prescription drugs) or alcohol? Yes / No

If yes, explain: _____

Do you have a history of mental illness, been admitted to a psychiatric facility, or been under the care of a psychiatrist for more than one year? Yes / No

If yes, explain: _____

Are you a citizen of the United States? Yes / No

If no, please list your immigration status, including sponsorship: _____



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NOTE: The information on this page will be displayed on your public profile page on the Certified Martial Arts Web Site.

Display Information

You can update this information through the web site at a later time. You may choose to leave this page blank, but your profile will need to be completed online before you can be listed in search results.

Name (Nickname, Title, etc): _____

Location Display Name: _____
City/Town, State

Affiliated Martial Arts School

School/Club/Dojo Name: _____

School Location: _____

School Website: _____

Note: The below contact information will be displayed on the public web site:

School Email: _____ School Phone: _____



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Professional References

Each reference must be a non-family member (no relatives) that you've known for at least three years who can testify to your character. References may include co-workers, associates, and friends, but at least one of the references must be either a direct student, instructor, or peer martial artist who is familiar with you in a role as an experienced martial artist.

We will contact your first three references to schedule a 5-10 minute telephone interview.

Reference 1

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Reference 2

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Reference 3

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

You may leave the alternate references section blank or you may choose to fill in two additional references to serve as alternates should one of your other references be unavailable. If necessary, you can supply alternates later but it may delay processing of your application.

Alternate Reference 1

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Alternate Reference 2

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____



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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 including criminal history, military service, immigration status, credit history, psychiatric history, employment history, and personal interviews with my employers, instructors, personal references, and any other party deemed necessary to establish my reputation as an upstanding member of the martial arts community.

I understand that as a condition of Registration and Certification I may be tested for the use of illegal drugs at any time and I hereby consent to such testing.

I understand and agree that my status, if granted, as Registered Martial Artist or Certified Martial Artist may be revoked at any time if I am found to be disqualified to hold the credential due to current or prior disqualifying factor, including but not limited to criminal charges, drug use, mental illness, illegal immigration status, or falsified information on this application.

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

Print Name: _____

Signature: _____ Date: _____



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Application Checklist

1. _____ All application fields completed.
2. _____ Address history has no gaps.
3. _____ Include detailed explanation of any pertinent background information (arrests, mental health, drugs, immigration) that may arise during a background investigation. Provide notes on additional paper as needed.
4. _____ Include photocopy of driver's license, military ID, passport, or state-issued identification card.
5. _____ Sign the application.
6. _____ Mail the application to the address listed on the first page.