



# Correction & Replacement Request Form (Kukkiwon & US National Dan)

Must Type this Application

Full Name:

Date of Birth:

Dan/Poom #:  Rank:  Granted Date:

Mail Certificate To:

City:  State:  Zip:

For certificates that need to be corrected please complete the following:

Error:

*(Please type the misprint here)*

Correction:

*(Please type how it should read here)*

***\* It is required to send the ORIGINAL Certificate with all correction requests!***

***\* Payment applies to every replacement request***

***\* Payment applies to correction requests that are the error of the instructor or student***

***\*Please include (2) passport sized photos with your request***

Fee: \$30.00 USAT Members      Fee: \$45.00 for Nonmembers

Please mark form of payment:

Cashiers Check:  Money Order:  Credit Card:

Credit Card Number:

Expiration Date:  Zip Code of Cardholder:  Security Code:   
Last 3 Digits

Cardholder's Signature:

Cardholder's Printed Name:

***Please Fax or Mail Correction or Replacement Certificate Requests to:***

USA Taekwondo  
Attn: Dan Office  
1 Olympic Plaza, Suite 104C  
Colorado Springs, CO 80909

Phone: 719-866-3632  
Fax: 719-866-4642  
Email: [michelle.ashton@usa-taekwondo.us](mailto:michelle.ashton@usa-taekwondo.us)