



# Atlantic-Pacific Tang Soo Do Federation

International Federation Headquarters P.O. Box 3225 Suwanee, Georgia 30024-0990 (678) 446-1183  
[www.atlantic-pacifictangsoodo.com](http://www.atlantic-pacifictangsoodo.com)



## STUDIO CERTIFICATION APPLICATION

PLEASE Print or Type

Official Studio Name: \_\_\_\_\_

Studio Address: \_\_\_\_\_

Street address where instructions are held

City

State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Studio Phone: \_\_\_\_\_ Studio Email: \_\_\_\_\_

Studio Website: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Studio Mailing Address: \_\_\_\_\_

Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Instructor's Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

☐ Male ☐ Female Date of Birth: \_\_\_\_\_ Instructor's Email Address: \_\_\_\_\_

The information that I have written on this application is accurate and correct. I, a certified member and representative of the above mentioned studio, in applying for studio certification of the Atlantic-Pacific Tang Soo Do Federation, do hereby certify that I will in good faith, uphold and abide by the rules, regulations and by-laws of the Federation. If approved by the Federation, I furthermore understand that violation of the rules, regulations and by-laws may constitute grounds for revocation of my Studio membership. The information that I have written on this application is accurate and correct. I submit my Studio Certification fee of \$50.00 USD and understand that all transitions are final and no refund will be issued. After filling out the application, retain a copy in school files. Mail the original, signed application and fee to Atlantic-Pacific Tang Soo Do Federation, P.O. Box 3225 Suwanee Georgia 30024-0990. Make check or money order payable to APTSDF. Annual renewal dues for Studio Certification must be paid by the due date to avoid delinquency. A late fee of \$10.00 USD per month will accrue on any annual renewal that is not paid on or prior to the expiration date.

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DAN Number: \_\_\_\_\_ Rank: \_\_\_\_\_ Fee Enclosed: \_\_\_\_\_  
(Payable to APTSDF)

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STUDIO CERTIFICATION APPLICATION v.01.06.2015