

**ZEN NIPPON AIRINKAI**  
**APPLICATION FOR ASSISTANT CERTIFIED JUDGE**

To Zen Nippon Airinkai Judge Qualification Council

Date        /        /  
              day / month / year

Dear ZNA Chairman ;

I here apply for ZNA Assistant Certified Judge.

photo	Chapter
	Name        _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Family</span> <span>First + Middle</span> </div>
	Date of Birth        _____ / _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Date</span> <span>/ Month</span> <span>/ Year</span> </div>
	Address        _____  _____
	Tel
	Fax
	E-mail
Signature    x _____	

I recommend the above member as a ZNA Assistant Certified Judge	
_____ Chapter President	
_____ signature	_____ date

I recommend the above member as a ZNA Assistant Certified Judge.	
_____ District Chairman	
x _____ signature	_____ date