



U.S. Chung Do Kwan Association, Inc.

P.O. Box 1474 Lakeland, Fl. 33802

Phone: (863) 858-9427 Fax: (863) 858-4437

Instructor Criminal History Record Check Application

This document is to be completed by all applicants for USCDKA Adult Instructor Degrees, providing permission for the USCDKA to obtain a criminal history record check, prior to approval of instructor status. All information is kept confidential and secure. \$50 fee is to be included with your application. Any applicant can request a copy of their criminal history record. *Return the completed and signed form with your instructor application.*

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ E-mail: _____

School: _____

Senior Instructor: _____

Driver's License Number: _____ State Issued: _____

Social Security Number: _____ Date of Birth _____

Have you ever been charged or convicted of any criminal activity? No Yes

If yes, please explain: _____

I have a list of all previous addresses for the past 3-years on the back of this form.

I request a copy of my criminal history record.

Applicant's Statement

The information contained in this application is correct to the best of my knowledge.

I hereby give permission to the United States Chung Do Kwan Association to obtain a criminal history record (background) check.

Applicant's Signature

Date