



# 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.*

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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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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