

**The Danzan Ryu Seifukujitsu Institute**  
**Recommendation for**  
**DZRSI Standards Committee Member**

Rev 07/20

To be filled out by the person recommending the Applicant for the position

Your Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

I recommend the following Applicant to be on the DZRSI Standards Committee:

Name \_\_\_\_\_

Your Relationship to Applicant \_\_\_\_\_

Applicant email \_\_\_\_\_

Applicant Phone \_\_\_\_\_

**Why do you recommend the Applicant to be a DZRSI Standards Committee Member?**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Fill out the recommendation completely and send to: The Records Administrator at [healingarts@ajjf.org](mailto:healingarts@ajjf.org)

**The Danzan Ryu Seifukujitsu Institute**

**Recommendation for**

**DZRSI Standards Committee Member**

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**Recommendation for  
DZRSI Standards Committee Member**

To be filled out by the Applicant

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Dojo: \_\_\_\_\_

Sensei: \_\_\_\_\_ AJJF Rank: \_\_\_\_\_

Applicant's DZRRT Titles (check all that apply):

**DZRRT Technician**

\_\_\_ Assistant Instructor    \_\_\_ Examiner    \_\_\_ Instructor    \_\_\_ Full Instructor

\_\_\_ Program Director    \_\_\_ Program Administrator    \_\_\_ Online Program Manager

**DZRRT Practitioner**

\_\_\_ Assistant Instructor    \_\_\_ Examiner    \_\_\_ Instructor    \_\_\_ Full Instructor

\_\_\_ Program Director    \_\_\_ Program Administrator    \_\_\_ Online Program Manager

Why would you like to serve on the DZRSI Standards Committee?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Fill out the recommendation completely and send to: **The DZRSI Records Administrator**  
at [healingarts@ajjf.org](mailto:healingarts@ajjf.org).