



**Application to Open and Operate a Kuk Sool Won™ School  
(This may be used for Transfer of School)**

List Full Name:	
Current Mailing Address:	
Contact Number:	Cell Number:
Date of Birth: (mm/dd/yyyy)	WKSA Black Belt ID Number: A-
Number of years in Kuk Sool Won: _____ years	Your Current Rank: Dahn
Experience in teaching Kuk Sool Won: (where and how long)	
Name and Rank of current Instructor:	
Location of nearest Kuk Sool Won™ School:	
Have you identified premises for the School: <input type="checkbox"/> Yes (provide the address) <input type="checkbox"/> No	
What is the Address?	
What is the approximate population of the immediate location (2-5 miles radius):	
Are the premises to be owned or rented? <input type="checkbox"/> Owned <input type="checkbox"/> Rented	
Monthly Mortgage or Rent payment amount:	
Have you ever applied to open a Martial Arts School before? <input type="checkbox"/> Yes (when: _____ ) <input type="checkbox"/> No	
Will the School be Full Time or Part Time? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Will there be other Instructors? <input type="checkbox"/> No <input type="checkbox"/> Yes (Name and from where)	
List below your goals and objectives for opening a Kuk Sool Won™ School:	
Date of Application:	Signature: X

**For WKSA Official Use Only** \*\*\*\*\*

FDD sent:	CBC Complete and Clear:
Franchise Agreement Sent:	Franchise Agreement Received:
Franchise Fee Received:	Insurance Certificate Received:
CBC Ordered:	LOA and Flags Sent:
Years Attended: Seminar: _____ Tournament: _____ Workshop: _____	