

Combative Sports License Application

Use this form to apply for a license as an announcer, chiropractor, inspector, judge, manager, matchmaker, physician, referee, second, timekeeper, professional martial arts participant, amateur mixed martial arts participant, professional boxing participant, or professional wrestling participant. Send this completed form, payment in a check or money order payable to the Department of Licensing, your photo for identification purposes, and any required attachments to:

Department of Licensing, PO Box 3856, Seattle, WA 98124-3856

All licensing applications may take up to 14 days to process. All fees are nonrefundable.

Officials certification and physical examination requirements:

- Referees, timekeepers, judges and inspectors must submit proof of certification annually.
- Referees must submit an annual physical form (no HIV/Hep B/Hep C testing is required), which is located at: www.dol.wa.gov/forms/611024.pdf.

Participants physical examination requirements:

- Amateur mixed martial arts participants must submit an annual standard sports physical form, which is located at www.dol.wa.gov/forms/611013.pdf, that is signed by an **M.D., D.O., or N.D. ONLY** and states you are "cleared for all sports without restriction."
- Professional participants must submit an annual physical that meets our minimum requirements as outlined on our physical form (see www.dol.wa.gov/forms/611024.pdf), that is signed by an **M.D., D.O., or N.D. ONLY**.

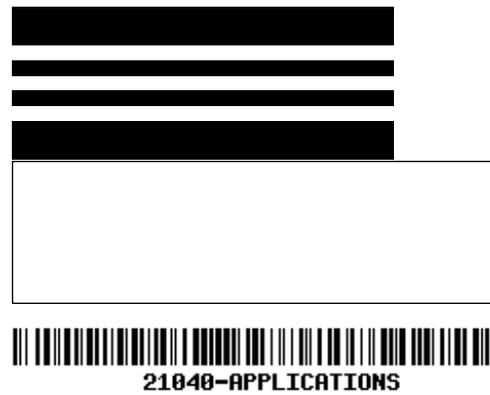
This license application is for a: (check one)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Referee—\$65 | <input type="checkbox"/> Judge—\$65 | <input type="checkbox"/> Professional wrestling participant—\$25 | <input type="checkbox"/> Professional boxing participant—\$25 |
| <input type="checkbox"/> Timekeeper—\$65 | <input type="checkbox"/> Second—\$25 | <input type="checkbox"/> Professional martial arts participant—\$25 | <input type="checkbox"/> Amateur mixed martial arts participant—\$25 |
| <input type="checkbox"/> Inspector—\$65 | <input type="checkbox"/> Physician—no charge | | |
| <input type="checkbox"/> Announcer—\$65 | <input type="checkbox"/> Chiropractor—\$65 | | |
| <input type="checkbox"/> Matchmaker—\$65 | <input type="checkbox"/> Manager—\$65 | | |

Applicant information

TYPE or PRINT Name (Last, First, Middle)		Ring name	
Address			
City	State	ZIP code	County
(Area code) Home telephone number		Email	
Social Security number required*		Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Federal/National identification number		Federal/National expiration date	
Physician or chiropractor only License number _____ Jurisdiction _____			
Boxing and martial arts participants only			
Amateur record			
Wins _____	Wins by KO _____	Wins by TKO _____	
Losses _____	Losses by KO _____	Losses by TKO _____	
Draws _____	Disqualifications _____		
Professional record			
Wins _____	Wins by KO _____	Wins by TKO _____	
Losses _____	Losses by KO _____	Losses by TKO _____	
Draws _____	Disqualifications _____		

*All applicants are required by federal and state law to provide their Social Security number (SSN) for use in child support enforcement programs (42 U.S.C. 666(a)(13) and RCW 74.20A.320). It may also be used for education loan repayment programs and identification of records with similar names. Submission of your SSN is mandatory; failure to submit it may result in denial of your application.



Legal

Answer the following

Attach a letter of explanation for any "Yes" answer to the following questions. Include the charge, date of conviction, civil judgment or order, county jurisdiction, state, and disposition of charges.

- 1. Have you been convicted of a crime, misdemeanor or felony, in this or any other state, by the federal government or by any other jurisdiction within the past ten years? Yes No
- 2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment, in this or any other state, by the federal government or by any other jurisdiction? Yes No
- 3. Has any professional or occupational license, certification, or permit held by you been fined, suspended, revoked, refused, or denied, in this or any other state, by the federal government or by any other jurisdiction? Yes No
- 4. Have you ever had a civil court order, verdict, or judgment entered against you in any court of competent jurisdiction, in this or any other state, by the federal government or by any other jurisdiction? Yes No

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place

X

Applicant signature

Providing false information in this application may be cause for the denial, suspension, or revocation of your license in the state of Washington. We may conduct a complete background investigation.

RCW 9A.72.085; 67.08; 67.08.002; 67.08.050; 67.08.055; 67.08.100; 42.56.