

**Boxing and Martial Arts Certification of Official**

An individual wishing to be approved, or maintain his/her professional license, shall provide annual proof of certification as having adequate experience, skill, and training from an organization approved by the department. (RCW 67.08.100)

I certify that I have assessed the experience and skill of:

\_\_\_\_\_  
 Name of individual

and this individual has adequate experience, skill, and training to be licensed in Washington State to perform in the following official capacity for professional athletic events.

(Check all applicable boxes)

Official capacity	Event type	Date training completed	Name of instructor
Referee	<input type="checkbox"/> Boxing		
	<input type="checkbox"/> Martial arts		
Judge	<input type="checkbox"/> Boxing		
	<input type="checkbox"/> Martial arts		
Timekeeper	<input type="checkbox"/> Boxing		
	<input type="checkbox"/> Martial arts		
Inspector	<input type="checkbox"/> Boxing		
	<input type="checkbox"/> Martial arts		

Assessment of experience and skill: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Certifying organization name			
Address			
City	State	ZIP Code	(Area code) Telephone number
Signature of President/Chair of certifying organization <b>X</b>			Date