



Combative Sports Participant Training Record

Combative sports participants can use this form to provide information when requested. We may approve a boxing/martial arts contest based on a participant's records, experience, skill, and condition.

Submit this form by one of these methods:

Fax: (360) 570-4956

Scan and email: plssunit@dol.wa.gov

Mail: Combative Sports Program
Department of Licensing
PO Box 9026
Olympia WA 98507

For questions or language help call: (360) 664-1575

Participant

Name of participant		Date of birth (mm/dd/yyyy)
(Area code) Cell phone number	Type of license applying for	
Weight two weeks ago	Weight today	
Amateur boxing record	Amateur martial arts record	
Professional boxing record	Professional martial arts record	
Name of gym where you train		
Experience and skill level How long have you been training in boxing and martial arts and at what level of competition have you been competing? <i>(Background in boxing, muay thai, wrestling, kickboxing, or other martial arts.)</i>		
Condition How many hours do you work out per week and in what activities? <i>(List your weekly training schedule.)</i>		

Trainer/Manager

Name of trainer	(Area code) Cell phone number
Name of manager	(Area code) Cell phone number
Declaration <i>I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.</i>	
<hr/> PRINT or TYPE name of trainer or manager X	
Date and place signed	Signature of trainer or manager