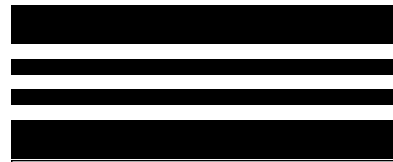


Combative Sports License Application

Use this form to apply for licenses related to boxing, wrestling, or mixed martial arts. Send this completed form, payment in a check or money order payable to the Department of Licensing, and any other 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.

Required attachments for officials:

- **Timekeepers, judges, and inspectors** – [Combative Sports Certification of Official](#) form (dol.wa.gov/forms/611028.pdf) signed by a representative of the certifying organization.
- **Referees** – [Combative Sports Certification of Official](#) form (see above) and [Physical Exam for Referees, Boxing, Martial Arts, and Wrestling Participants](#) form (dol.wa.gov/forms/611024.pdf), no HIV/Hep B/Hep C testing required, signed by an **M.D., D.O., or N.D. only**.

Required attachments for participants:

- **Amateur mixed martial arts participants** – Passport photo of yourself and [Physical Examination for Amateur Mixed Martial Arts Participant](#) form (dol.wa.gov/forms/611013.pdf), signed by an **M.D., D.O., or N.D. only** and stating you are “cleared for all sports without restriction.”
- **Professional participants** – Passport photo of yourself and [Physical Exam for Referees, Boxing, Martial Arts, and Wrestling Participants](#) form (dol.wa.gov/forms/611024.pdf) 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"/> Timekeeper – \$65 | <input type="checkbox"/> Second – \$25 | <input type="checkbox"/> Professional martial arts participant – \$25 |
| <input type="checkbox"/> Inspector – \$65 | <input type="checkbox"/> Physician – no charge | <input type="checkbox"/> Professional boxing participant – \$25 |
| <input type="checkbox"/> Announcer – \$65 | <input type="checkbox"/> Chiropractor – \$65 | <input type="checkbox"/> Amateur mixed martial arts participant – \$25 |
| <input type="checkbox"/> Matchmaker – \$65 | <input type="checkbox"/> Manager – \$65 | |

Applicant information

TYPE or PRINT Name (Last, First, Middle)			
Address			
City	State	ZIP code	County
(Area code) Home telephone number		Email	
Social Security number required*		Date of birth	Gender (Participants only) <input type="checkbox"/> Male <input type="checkbox"/> Female
Physician or chiropractor only License number _____ Jurisdiction _____			

*All United States 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.

Boxer's federal identification information

Federal identification number	Federal expiration date
<p>Federal identification number information</p> <p>If you are a Washington resident and don't have a current boxer's federal identification number, submit a Boxer's Federal Identification Card Application form (dol.wa.gov/business/athletics/forms.html) and the required attachments with this license application.</p> <p>If you are not a Washington resident, you must apply for a boxer's Federal identification number from the Boxing Commission in the state where you live and provide that number and expiration date to us before we can issue your license.</p>	

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.

In this state or any other jurisdiction are you or have you:

1. Within the last 10 years, had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? Yes No
2. Within the last 10 years, had any civil court order, verdict, or judgment entered against you? Yes No
3. Within the last 10 years, defaulted or been convicted of or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic offenses.) Yes No
4. Currently under indictment, or is there a criminal complaint, charge, or information pending against you? Yes No

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

_____ **X** _____

Date and place Applicant signature

If you provide false information in this application, we may deny, suspend, or revoke 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.