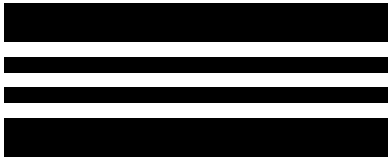




# Combative Sports Participant License Application



Apply for a Combative Sports Participant License.

Online: <https://professions.dol.wa.gov>

Or mail this completed form, attachments, and a check or money order (payable to the Department of Licensing) to:

**Combative Sports Program  
Department of Licensing  
PO Box 3856  
Seattle, WA 98124-3856**



For questions or language help call (360) 664-6644

Applications may take up to 14 days to process. Fees are nonrefundable.

### Required attachments:

#### Amateur mixed martial arts participants

- Passport photo of yourself.
- [Physical Examination for Amateur Mixed Martial Arts Participant](#) form 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.
- [Physical Exam for Referees, Boxing, Martial Arts, and Wrestling Participants](#) form signed by an **M.D., D.O., or N.D. only.**

#### This license application is for a: (check one)

- Professional wrestling participant—\$25
- Professional martial arts participant—\$25
- Professional kickboxing participant—\$25
- Amateur mixed martial arts participant—\$25

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

- \$0 self-print license online.
- \$5 each. DOL print and mail license. Quantity \_\_\_\_\_ Total \$ \_\_\_\_\_

### Applicant information

|   |               |          |        |
|---|---------------|----------|--------|
| <b>TYPE or PRINT</b> Name as you would like it to appear on your license  |               |          |        |
| Full legal name (First, Middle, Last)   |               |          |        |
| Mailing address   |               |          |        |
| City  | State         | ZIP code | County |
| (Area code) Phone number  | Email         |          |        |
| Social Security number*   | Date of birth |          |        |
| Military? (check if applicable)<br>Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner |               |          |        |
| Answer the following<br>Are you at least 18 years of age? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |               |          |        |

\*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

**Boxer's Federal/Mixed Martial Arts identification information**

|   |                 |
|---|-----------------|
| Federal Identification/National Identification number | Expiration date |
|---|-----------------|

Federal Identification/National Identification number information  
**If you are a Washington resident** and don't have a current Boxer's Federal or Mixed Martial Arts National Identification number, submit a [Boxer's Federal Identification Card Application or Mixed Martial Arts National Identification Card Application](#) form (dol.wa.gov/business/) and the required attachments with this license application.  
**If you are not a Washington resident**, you must apply for a Boxer's Federal or Mixed Martial Arts Identification number from the Commission in the state where you live.

**Legal background**

Answer the following  
Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, have you 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 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) .....  Yes  No

**I have read and I agree to follow all the applicable laws and rules of this profession and I understand the penalties for misconduct.**

*I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

|                |                     |
|----------------|---------------------|
| _____          | TYPE or PRINT Name  |
| _____          | <b>X</b>            |
| Date and place | Applicant signature |

**Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.**

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