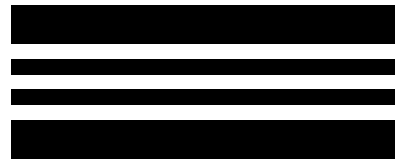




**Combative Sports
Certification of Official**



Proof of certification.

Mail completed form to:

**Combative Sports Program
Department of Licensing
PO Box 9026
Olympia, WA 98507-9026**

Or email to DOLCombativeSports@dol.wa.gov



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 or amateur combative sporting events.

Official capacity	Event type	Date training completed	Name of instructor
Referee	<input type="checkbox"/> Pro boxing		
	<input type="checkbox"/> Pro martial arts		
	<input type="checkbox"/> Pro kickboxing		
	<input type="checkbox"/> Amateur mixed martial arts		
Judge	<input type="checkbox"/> Pro boxing		
	<input type="checkbox"/> Pro martial arts		
	<input type="checkbox"/> Pro kickboxing		
	<input type="checkbox"/> Amateur mixed martial arts		
Timekeeper	<input type="checkbox"/> Pro boxing		
	<input type="checkbox"/> Pro martial arts		
	<input type="checkbox"/> Pro kickboxing		
	<input type="checkbox"/> Amateur mixed martial arts		
Inspector	<input type="checkbox"/> Pro boxing		
	<input type="checkbox"/> Pro martial arts		
	<input type="checkbox"/> Pro kickboxing		
	<input type="checkbox"/> Amateur mixed martial arts		

Describe in detail your assessment of the above individual's skills, experience, and abilities to perform these duties, and provide specific examples:

PRINT or TYPE Certifying organization name

Address

City

State

ZIP Code

(Area code) Phone number

PRINT or TYPE Name of authorized representative

Signature of authorized representative

X

Date