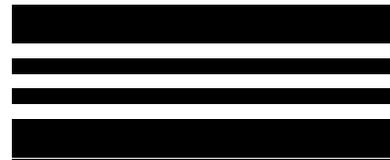




Combative Sports Participant License Application/Renewal



Apply for or renew 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 3777
Seattle, WA 98124-3777**



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 (<https://dol.wa.gov/business/athletics/>) 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 form (<https://dol.wa.gov/business/athletics/>) signed by an **M.D., D.O., or N.D. only**.

Application type *(check one)*

- New license
- Renewal

Fees *(check one)*

- Professional wrestling participant—**\$35**
- Professional boxing participant—**\$35**
- Professional martial arts participant—**\$35**
- Professional kickboxing participant—**\$35**
- Amateur mixed martial arts participant—**\$35**

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

TYPE or PRINT Name as you would like it to appear on your license			
Full legal name <i>(First, Middle, Last)</i>			
Mailing address			
City	State	ZIP code	County
10-digit phone number	Email		
Social Security number*	Date of birth		

*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).

Applicant information cont..

Military? (check if applicable)	
Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner	
Answer the following	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Boxer’s Federal/Mixed Martial Arts identification information

Federal Identification/National Identification number	Expiration date
Federal Identification/National Identification number information	
<p>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 (https://dol.wa.gov/business/athletics/) 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 or Mixed Martial Arts Identification number from the Commission in the state where you live.</p>	

Legal background

<p>Answer the following</p> <p>Answer the questions below. If you answer “Yes,” attach a detailed explanation.</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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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.

X

TYPE or PRINT Name

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.