



OKLAHOMA STATE ATHLETIC COMMISSION

123 Robert S Kerr
Oklahoma City, OK 73102
Tel. (405) 426-8035
Fax (405) 900-8383
Boxing@health.ok.gov
www.ok.gov/osac

APPLICATION FOR STATE LICENSE

Please check the appropriate license for which you are applying:

\$50 Referee	\$150 Matchmaker	\$25 Second
\$20 Announcer	\$40 Timekeeper	\$50 Judge

Name: _____ Birth Date: ____/____/____
Address: _____ City: _____
State: ____ Zip: _____ Phone: (____) _____
Email: _____ Age: ____

- 1. Have you ever had a license denied or revoked by any state? Yes _____ No _____
- 2. Are you currently under suspension by any state? Yes _____ No _____
- 3. Are you currently licensed in another state? Yes _____ No _____
- 4. Have ever been licensed in Oklahoma? Yes _____ No _____

I certify that I have read the foregoing application for participant license, and that all the answers given are my own; that all the answers are true and correct to the best of my knowledge. I further understand and agree that any misstatement of fact in this application will constitute grounds for revoking this license.

Applicant's Signature: _____ **Date:** _____

Commission Approval: _____ **Date:** _____

Please make a check or money order for the application fee out to the Oklahoma State Athletic Commission and mail it with this application and the required documents to

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