



OKLAHOMA STATE ATHLETIC COMMISSION

Oklahoma Commons Building

123 Robert S Kerr

Oklahoma City, OK 73102

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Fax (405) 271-1695

Email: Boxing@health.state.ok.us

www.ok.gov/osac

APPLICATION FOR VENDOR

License Fee \$50.00

Name of Person in Charge of Event: _____ Telephone: (____) _____

INDIVIDUAL APPLICANT

Address: _____ City: _____ State: _____
Zip Code: _____ Business Telephone: (____) _____ Fax: (____) _____
Birthdate: ____ / ____ / ____ Social Security Number: _____

I certify that I have read the foregoing application for vendor, that all 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.

Signature: _____ Date: _____

CORPORATE APPLICANT

Corporate Business Name: _____ FEI No. _____
Address: _____ City: _____ State: _____
Zip Code: _____ Business Telephone: (____) _____ Fax: (____) _____

I (We) certify that I (we) have read the foregoing application for vendor, that all answers are true and correct to the best of my (our) knowledge. I (We) further understand and agree that any misstatement of fact in this application will constitute grounds for revoking this license.

Signature: _____ Date: _____

Officer Signature By: _____
Attest: Corporate Secretary: _____
Date: _____