



**OKLAHOMA**

State Athletic Commission

123 Robert S Kerr, Ste 1234  
Oklahoma City, OK 73102  
Tel. (405) 426-8035  
Fax (405) 900-8383  
Boxing@health.ok.gov  
www.ok.gov/osac

**APPLICATION FOR WRESTLING OFFICIAL LICENSE**

Please check the appropriate license for which you are applying:

\$30 Referee	\$20 Announcer	\$25 Second (Manager)
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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 _____ |

An Official is defined as “referees, judges, matchmaker, manager, second(s), announcer, timekeeper and physician involved in event.” By signing below you acknowledge and agree you are not participating in any act that falls under the definition of a wrestler, “individuals who deliver blows to an opponent’s body, execute throws to an opponent’s body, or apply holds to the opponent’s body, during the event.”

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. Licenses expires: June 30th

**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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