



OKLAHOMA  
State Athletic  
Commission

PROFESSIONAL  
**WRESTLER**  
APPLICATION





# Wrestling

## DEFINITION

“Wrestling” or “Professional Wrestling” means any competition or performance of wrestling skills and techniques by two or more individuals who **deliver blows to an opponent’s body, execute throws to an opponent’s body, or apply holds to the opponent’s body.**

## Blood work Requirements

Hepatitis B Surface Antigen  
Hepatitis C Antibody  
HIV

*Results must list each of these tests stated above and results.*

*This will be kept on file.*

## Physical Examination

Must be signed by **MD or DO**  
Must state participant is in good physical condition and able to engage in professional wrestling events.

Cannot be signed by a PA, Nurse Practitioner or Chiropractor.  
Exam paperwork is provided.

*This will be kept on file.*

## Application & Fee

Fill out the application and email or mail it in with a picture of your physical ID.

The application fee will  
Currently have to be mailed.

Check or Money Order is Preferred, Cash will be Accepted but is not advised.

## EXPIRATION & RENEWAL

Expires every year on  
**June 30th**

Renewal Applications  
will be accepted as of  
**May 1st**

## LICENSES

Proof of Licenses must be presented to the inspector at your event. The physical Licenses is preferred, however, a clear picture will be accepted.

*If your licenses is lost please contact the office for a replacement.*



**OKLAHOMA**  
State Athletic Commission

123 Robert S Kerr, Suit 1234  
Oklahoma City, OK 73102  
Tel. (405) 426-8035  
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Email: [Boxing@health.ok.gov](mailto:Boxing@health.ok.gov)

[www.ok.gov/osac](http://www.ok.gov/osac)

**APPLICATION FOR PROFESSIONAL WRESTLING LICENSE**  
**\$30.00 License Fee**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Ringname: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_ Sex (check one): M \_\_\_\_ F \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Eye Color: \_\_\_\_ Hair Color: \_\_\_\_

1. Have you ever had a license denied or revoked by any state? Yes \_\_\_\_ No \_\_\_\_
2. Are you currently licensed as a professional wrestler in another state? Yes \_\_\_\_ No \_\_\_\_
3. Have you ever been licensed in Oklahoma? Yes \_\_\_\_ No \_\_\_\_
4. Is the Physical submitted signed by an MD or DO? Yes \_\_\_\_ No \_\_\_\_
5. Is your lab results for Hep B Surface Antigen, Hep C Antibody and HIV? Yes \_\_\_\_ No \_\_\_\_

Wrestler voluntarily and knowingly agrees to participate in professional wrestling events. **PROFESSIONAL WRESTLING EVENTS ARE DANGEROUS.** Professional wrestler hereby acknowledges he/she may suffer permanent physical injuries from professional wrestling, either in a single event or from participating in multiple events. Professional wrestler hereby releases the promoter, sponsors, and the State of Oklahoma, or any agent, representative or employee thereof, from any and all claims for liability, known or unknown at this time, arising from injuries, mental and physical, which may be sustained by professional wrestler during participation in a professional wrestling event(s). I certify that I have read the foregoing application for professional wrestling 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.

**PROFESSIONAL WRESTLERS HEREBY AGREES TO HAVE HIS/HER PHYSICAL AND BLOOD WORK SENT DIRECTLY TO THE COMMISSION.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Commission Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WRESTLING LICENSES EXPIRE ON JUNE 30TH.**



**OKLAHOMA**  
State Athletic Commission

**OKLAHOMA STATE ATHLETIC COMMISSION  
PHYSICAL EXAMINATION FOR PROFESSIONAL WRESTLING**

**To Be Answered By Wrestler**

- 1) Legal Name \_\_\_\_\_ Age \_\_\_\_\_
- 2) Have you had any serious bone or joint injuries? Yes \_\_\_ No \_\_\_
- 3) Have you ever had a concussion or head injury? Yes \_\_\_ No \_\_\_
- 4) Have you ever passed out during exercise? Yes \_\_\_ No \_\_\_
- 5) Are you currently being treated for any serious illness? Yes \_\_\_ No \_\_\_
- 6) Are you currently taking any medication on a regular basis? Yes \_\_\_ No \_\_\_
- 7) Have you ever been treated for any serious illness or surgery? Yes \_\_\_ No \_\_\_

**Signature of Wrestler** \_\_\_\_\_

**I hereby certify the above statements are true.**

**TO BE COMPLETED BY THE EXAMINING PHYSICIAN**

***EXAM MUST BE COMPLETED BY A M.D. or D.O.***

***UNLESS STATED, Indicate normal findings by placing a check***

- 1) BLOOD PRESSURE:  
Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_
- 2) LUNGS, CHEST, HEART:
- 3) HEAD, EYES, EARS, NOSE, THROAT:
- 4) ABDOMEN:
- 5) ORTHOPEDIC:

I hereby certify that on the basis of the above participant's statements and physicians findings, it is my opinion that this participant is in good physical condition and able to engage in professional wrestling events.

**PRINTED NAME OF PHYSICIAN:** \_\_\_\_\_ **LICENSE NO:** \_\_\_\_\_

**PHYSICIAN SIGNATURE:** \_\_\_\_\_ **M.D. or D.O.**

**DATE:** \_\_\_\_\_

# Title 92.

## 92:10-1-3.

No person shall engage in any activities regulated by this chapter within this state without first obtaining a license from the Commission.

## 92:10-1-4.

(a) All participants must apply for and be issued a license before participating in an event.

(b) Each applicant for a license shall request an official application from the Commission. The Commission will not process any application for a license that does not contain the proper fee and all information required from the applicant. All licenses expire on June 30 of each year following the date of issuance.

(c) Each participant shall consistently use the same name in events. Each participant shall provide the Commission with the participant's legal name and the name to be used in events, if any.

(d) The license fees and permit fees shall be:

Combative Sports Practitioner Fee - \$30.00

Referee Fee - \$50.00

Second - \$25.00

Announcer - \$20.00

Replacement License - \$15.00

(e) Applicants must provide a residence or business address at the time of application and inform the Commission in writing of any change of address. An applicant whose license or permit is returned to the Commission office because of an incorrect address, or whose application is not legible forfeits the fee that has been paid and must submit a new application and pay a replacement fee in order to be issued a license or permit.

(f) Applicants shall provide the Commission with identification showing proof of age.

(g) Any person whose license is lost or stolen may obtain a replacement from the Commission.

(h) No license issued under the Act or these rules shall be transferable.

# Title 92.

## 92:10-1-2.

“**Announcer**” means a person responsible for announcing the names of the officials, the participants, their correct weight, the decisions of the referee and judges during an event.

“**Combative sports practitioner**” or “**Practitioner**” means a person who competes or spars in a combative sports event and includes boxers, kickboxers, mixed martial artists and wrestlers.

“**Event**” means “contest” or “exhibition” including a match, bout, contest, show, or tournament where sparring, boxing, kickboxing, wrestling, elimination tournaments and the mixed martial arts, takes place.

“**Inspector**” means a person who is employed by the Commission to assist the Administrator as directed by the Commission or the Administrator. The Inspector shall have the same powers as the Administrator in his/her absence.

“**Official**” mean referees, judges, matchmakers, managers, second(s), announcers, timekeepers and physicians involved in events.

“**Promoter**” means any person who produces or stages events and shall include any officer, director, or employees as defined by the Commission.

“**Referee**” means the person in charge of enforcing these rules during an event.

“**Second**” means any person aiding, assisting, or advising a participant during a boxing, kickboxing, elimination tournament, or mixed martial arts event or exhibition.

“**Vendor**” means a person who participates in the conduct of an event by offering for sale food or merchandise, including but not limited to, wearing apparel, alcoholic and nonalcoholic beverages, souvenirs and programs.

“**Wrestling**” or “**Professional Wrestling**” means any competition or performance of wrestling skills and techniques by two or more individuals who deliver blows to an opponent’s body, execute throws to an opponent’s body, or apply holds to the opponent’s body. Participating wrestlers may perform without being required to use their best efforts in order to win and the winner may have been selected before the performance commences. Participating wrestlers may or may not receive a purse or other compensation for their participation in an event.

## 92:10-1-5.

(c) The Commission will not approve sanctioning permits between human participants and non-humans or between males and females. A male participant is a person of the heterogametic sex born with XY chromosomes. A female participant is a person born of the homogametic sex with XX chromosomes.

## 92:10-1-6.

(k) No one shall interfere with the inspectors’ duties, use foul language, or threaten physical harm.

# Title 92.

## 92:10-1-8.

(a) The Commission may take disciplinary action against:

(1) any licensee who violates any provision of the Act or any rule or order of the Commission;

(2) any licensee who fails to follow the instructions of a Commission representative at a sanctioned event;

(3) any licensee who engages in unsportsmanlike conduct including but not limited to the use of foul and abusive language or mannerisms;

(4) any participant in a contest who fails to strive earnestly in good faith to win or who commits flagrant or repeated fouls;

(5) any licensee who engages in conduct at any time or place or in any manner that is deemed by the Commission to reflect discredit to combative sports; or

(6) any licensee who is convicted or pleads guilty or nolo contendere to a felony or to a crime of moral turpitude.

(b) Disciplinary action by the Commission may include immediate suspension pending a hearing, suspension for a definite term, conditional suspension, fines, and/or revocation. Disciplinary action shall be taken by the Commission as provided in Chapter 1 of this Title, and pursuant to the provisions of the Administrative Procedures Act, 75 O.S. §§ 250 et seq.



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*Title 42*  
*[www.ok.gov/osac](http://www.ok.gov/osac)*

# FAQ's

## **If I am an Wrestling Official, do I need blood work and a physical?**

An Official is defined as “*referees, judges, matchmakers, managers, second(s), announcers, timekeepers and physicians involved in events.*” If 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,*” then you will not be required to submit blood work or a physical and instead you will apply for a Official’s Licenses that is associated with the defined role of the official.

If you are going to be 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,*” and are in character as an official then you will be required to apply for a wrestling licenses and submit required blood work, physical and application.

## **Can I bring my application and required paperwork to the Athletic Commission and pick up my licenses same day?**

Yes, you can by appointment only.

## **Who is my point person at the Athletic Commission if I have questions about Title 92, the application process, my submitted application, emailing my application or getting a replacement card?**

Heather Turner is the Regulatory Program Manager for Wrestling.  
You can reach out to her directly by email, phone or text.  
She is available Monday-Friday 9am-5pm.  
If she is unavailable at the time, she will respond within 24-28 hours.

(Monday-Friday 9am-5pm)  
Email:  
Heather.Turner@health.ok.gov

Direct Office Line:  
405-426-8033

Work Cell:  
405-482-7068

## **When does my blood work and a physical expire?**

Blood work is good for 365 days from the draw date.  
Physicals are good for 365 days from the date it was done.

## **How long does it take to process my application?** 24–48 hours (business work days)





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**APPLICATION FOR WRESTLING OFFICIAL 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 \_\_\_\_\_

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

OKLAHOMA STATE ATHLETIC COMMISSION  
123 Robert S Kerr, Suite 1234  
Oklahoma City, OK 73102