



OKLAHOMA STATE ATHLETIC COMMISSION

123 Robert S Kerr
Oklahoma City, OK 73102
Tel. (405) 426-8035
Fax (405) 900-8383

APPLICATION FOR LICENSE

Please circle the appropriate license for which you are applying:

\$30 Amateur MMA	\$50 Referee	\$150 Matchmaker	\$30 Boxer
\$30 Pro Kickboxer	\$25 Second	\$20 Announcer	\$30 Amateur Kickboxer
\$30 Mixed Martial Artist	\$50 Judge	\$40 Timekeeper	

Name: _____ Birth Date: ____/____/____

Address: _____ Social Security # _____

City: _____ State: _____ Zip: _____ National/Federal ID# _____

Phone: (____) _____ Email: _____

Age: _____ Gender (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 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 _____ |
| 5. Have you ever been paid a purse for any combative sport? | Yes _____ | No _____ |
| 6. Do you have any type of medical insurance? | Yes _____ | No _____ |
| If Yes, please list Company name, address, and telephone number: | | |
| 7. Have you ever participated in a Non-Sanctioned Event | Yes _____ | No _____ |
| If Yes, please list the date you competed in the Non-Sanction event | | |
| | Date: _____ | |

8. Please list a name, address, and telephone number of a person that may be contacted in case of an emergency:

Second Information:

Name-Seconds _____

FOR BOXING/KICKBOXING/MIXED MARTIAL ARTS CONTESTANTS

Boxer/Kickboxer/Mixed Martial Artist voluntarily and knowingly agrees to participate in a Boxing/Kickboxing/Mixed Martial Arts event. **BOXING/KICKBOXING/MIXED MARTIAL ARTS EVENTS ARE DANGEROUS.** Boxer/Kickboxer/Mixed Martial Artist hereby acknowledges he/she may suffer permanent physical injuries from Boxing/Kickboxing/Mixed Martial Arts, either in a single event or from participating in multiple events. Boxer/Kickboxer/Mixed Martial Artist 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 Boxer/Kickboxer/Mixed Martial Artist during participation in a Boxing/Kickboxing/Mixed Martial Arts event(s).

Boxer/Kickboxer/Mixed Martial Artist's Initials: _____

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: _____