CITIZENS POTAWATAMI NATION ATHLETIC COMMISSION

1601 Gordon Cooper
Shawnee, OK 74801-9002
405-426-8033
Heather.turner@osac.ok.gov

APPLICATION FOR SECONDS LICENSE $10

Name: _____ Birth Date: _____/_____/_____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: (____)_____

Age: _____ 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 ____

Please list the name(s) of the boxer, kickboxer, or mixed martial artists corner you will work in:

A._____

B. ._____

C. ._____

D. ._____

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: _____