

Oregon State Athletic Commission
3400 State St. Ste. G-750
Salem OR, 97301
TELEPHONE: 503-378-8739
FAX: 503-378-6878

CHECK TYPE OF LICENSE APPLYING FOR:

- Matchmaker: Fee \$40.00
- Second: Fee \$15.00
- Judge: Fee \$25.00
- Referee: Fee \$25.00
- Timekeeper: Fee \$15.00

FOR OFFICE USE ONLY

License Approved Denied

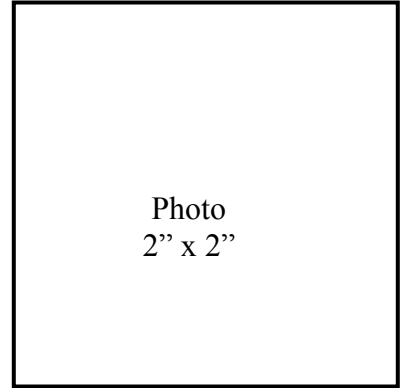
By _____ Date _____

Expiration Date: _____

License No. _____

Fee Received Yes No

Check MO Cash



COMPLETE APPLICATION MUST BE SUBMITTED WITH CORRECT FEE

1. APPLICANT IDENTITY:

Legal Name: _____ Home Phone: _____
Last First Middle

DOB: ___/___/___ Drivers License #: _____ State: _____ Business Phone: _____

Address: _____
Number Street City State Zip

Age: _____ Height: _____ Weight: _____ Email Address: _____

Other names used: _____

2. Have you ever been licensed by the Oregon State Athletic Commission? Yes No

- a) If yes, what year were you last licensed? _____
- b) What was your license type? _____

3. Are you licensed in any other state or country? Yes No

- a) If yes, where and what type of license? _____

4. Have you a financial interest in any club, corporation, organization, or association conducting boxing or mixed martial arts matches or exhibitions in this state? Yes No

- a) If yes, explain (give names)

5. Does any person, club, or organization have a financial interest in the ring earnings of any competitor under contract to you?

Yes No If yes, give names of persons and complete details of arrangements (**use separate sheet of paper is necessary**).

6. List the names of all fighters under written contract to you:

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7. Have you ever been disciplined by the Oregon State Athletic Commission or any athletic commission?

Yes No If yes, explain: _____

8. State your experience and qualifications in the following space (attach separate sheet if necessary):

9. I declare under penalty of perjury under the law of the State of Oregon that I have read the foregoing application, that all answers given are my own, that all answers are true of my own knowledge. Further, I understand and agree that any misstatement of material fact in this application will constitute grounds for revocation of this license.

APPLICANT'S SIGNATURE: _____ DATE: _____

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REVIEWED BY: _____ DATE: _____

COMMENTS:
