



OREGON STATE ATHLETIC COMMISSION

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

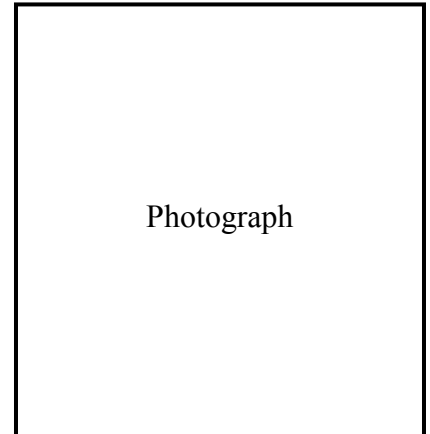


APPLICATION FOR PROFESSIONAL BOXER LICENSE

To be allowed to box in the State of Oregon, you must submit the following to the Oregon State Athletic Commission:

- Fee of \$15.00
Physical Examination by a Licensed Physician/Blood Tests/Eye Exam
Photograph

FOR OFFICE USE ONLY
License Approved [] Denied []
By _____ Date _____
Expiration Date: _____
License No. _____
Fee Received Yes [] No []
Check [] MO [] Cash []



1. APPLICANT IDENTITY:

Legal Name: _____ Home Phone: _____
DOB: ___/___/___ Drivers License #: _____ State: _____ Business Phone: _____
Address: _____
Age: _____ Height: _____ Weight: _____ Social Security #: _____
Ring Name: _____ Federal ID #: _____ Expiration Date: _____

- 2. Have you ever been licensed by the Oregon State Athletic Commission? Yes [] No []
3. Are you licensed in any other state or country? Yes [] No []
4. Have you ever been disciplined by the Oregon State Athletic Commission or any other athletic commissions? Yes [] No []
5. Are you currently under suspension for any reason by any boxing regulatory body in any jurisdiction? Yes [] No []

6. Have you ever been convicted of a felony in any jurisdiction? (Except minor traffic citations) Yes No

If yes, give details in the space provided below (use additional sheets if necessary). List all cases without exception.

Date of Conviction	Age	Charge(s)	Location City & State	Outcome	Arresting Agency

7. Amateur Record: (LIST NUMBERS ON EACH LINE)

___ Wins ___ Wins by KO ___ Losses ___ Losses by KO or TKO ___ Draws

8. Professional Record: (LIST NUMBERS ON EACH LINE)

___ Wins ___ Wins by KO ___ Losses ___ Losses by KO or TKO ___ Draws

9. Ring Record of last four fights:

Date of Fight	Opponent	Result	City & State
1.			
2.			
3.			
4.			

10. Name of Manager: _____

11. Does any person, other than the above named manager, have a financial interest in your ring earnings? Yes No

a) If yes, list name(s) and explain interest: _____

12. Name of person to notify in case of an emergency: _____

a) _____
Relationship Address Phone

Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Applicants have the right to review their application subject to the provisions of the Public Records Law. The Executive Director is the custodian of such records.

I declare under penalty of perjury under the law of the State of Oregon that I have read the foregoing application for a Professional Boxer's License, 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 my license.

APPLICANTS SIGNATURE: _____ DATE: _____

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REVIEWED BY: _____ DATE: _____

COMMENTS:

