OREGON STATE POLICE

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

APPLICATION FOR PROFESSIONAL MIXED MARTIAL ARTS COMPETITOR LICENSE

- ❑ Fee of $15.00
- ❑ Physical Examination /Blood Tests
- ❑ Photograph

FOR OFFICE USE ONLY

License Approved ☐ Denied ☐

By _____ Date _____

Expiration Date:_____

License No. _____

Fee Received Yes ☐ No ☐

Check ☐ MO ☐ Cash ☐

_____

_____

Photograph

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: _____ Social Security #: _____

Ring Name:_____ Email Address: _____

2. Have you been licensed by the Oregon State Athletic Commission previously? 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 ever been disciplined by the Oregon State Athletic Commission or any other athletic commissions? Yes ☐ No ☐

   a) If yes, explain

   _____

   _____

   _____

5. Are you currently under suspension for any reason by any regulatory body in any jurisdiction? Yes ☐ No ☐
   If yes, explain:

_____

_____

6. Have you ever been convicted of a felony in any jurisdiction? 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 at the time	Charge(s)	Location City & State	Disposition

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

_____ Wins _____ Losses _____ Draws

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

_____ Wins _____ Losses _____ Draws

9. Record of last four fights:

Date of Fight	Opponent	Result	City & State or Promotion Name
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 Mixed Martial Arts Competitor 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.

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY

REVIEWED BY: _____ DATE:_____

COMMENTS:

_____

_____

_____