



OREGON STATE POLICE

Oregon State Athletic Commission
 4190 Aumsville Hwy SE
 Salem OR 97317

TELEPHONE: 503-378-8739
 FAX: 503-378-2530

DIGITAL COLOR PHOTO
 CLEAN BACKGROUND
 PASSPORT STYLE
 CHEST TO TOP OF HEAD
 2" X 2"
 PHOTO

Email to: OSAC@state.or.us

APPLICATION FOR AMATEUR MMA COMPETITOR LICENSE

- \$10.00 Fee
- Blood Tests
 - HIV: HIV 1/2 serum Ab (HIV 1/2 antibodies, EIA, with confirmation, CPT Code 86703)
 - Hepatitis B: HBsAg (Hepatitis B surface antigen, CPT Code 87340)
 - Hepatitis C: HCAb (Hepatitis C antibody, CPT Code 86803)
- Photograph
- Physical Exam
- Eye Exam

1. APPLICANT IDENTITY:

Legal Name: _____ Social Security #: _____
Last First Middle

DOB: ___/___/___ Driver's License #: _____ State: _____ Phone: _____

Address: _____
Number/Street City State Zip

Age: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

National MMA ID Card Number: _____ Email Address: _____

2. Have you ever been licensed by the Oregon State Athletic Commission? Yes No
 a) What year were you last licensed? _____
3. Have you ever been disqualified in any contest or disciplined by the Oregon State Athletic Commission or by any other Athletic Commission for any cause whatsoever? Yes No
 a) If "Yes," give details: _____

4. Are you currently under suspension for any reason by any regulatory body in any jurisdiction? Yes No
 a) If "Yes," give details: _____

5. Have you ever been convicted of a crime, (misdemeanor or felony) in the State of Oregon or any other state or jurisdiction? (If yes, give complete details in the space below) Yes No

Crime/Offense	Date	Location (City, State, Country)	Disposition

2. EXPERIENCE:

Amateur Record: Win___Loss___Draw___

Other States in which you have competed:_____

Length of training period for upcoming bout:_____

Training Disciplines (include high school/college experience):_____

How long?_____

Awards/Titles/Belts:_____

3. ATTESTATION

Gym at which you train:_____

Address:_____ Phone:_____

Number/Street City State Zip

List **TWO** individuals with personal knowledge who can attest to your fitness to participate in an amateur bout. One of the individuals must be your trainer or corner man.

1. Legal Name:_____

Last First Middle

Length of time known:_____

Phone:_____

Address:_____

Number/Street City State Zip

2. Legal Name:_____

Last First Middle

Length of time known:_____

Phone:_____

Address:_____

Number/Street City State Zip

CHILDSUPPORTINFORMATION

When a license is issued, in the State of Oregon, the issuing entities are required to send license information to the Oregon Department of Justice Child Support Program. If you owe past-due child support the Child Support Program will contact you and it is possible your license could be suspended if payment arrangements are not made per Oregon Revised Statute 25.750 – 25.785

Please mark ONE appropriate response (failure to mark one of the three will result in denial of the application)

____I am not subject to a court order for the support of a child.

____I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

____I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I declare under penalty of perjury under the law of the State of Oregon that I have read the foregoing application for a

Amateur MMA 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 this license.

APPLICANT’S SIGNATURE:_____ DATE: _____