



**OREGON STATE POLICE**  
**Oregon State Athletic Commission**

500 Airport Rd SE  
Salem OR

TELEPHONE: 503-871-5091  
FAX: 503-540-1440

Email completed application to:  
OSAC@osp.oregon.gov

Telephone 503-871-5091  
to pay fee(s) electronically.

**AMATEUR COMPETITOR LICENSE APPLICATION**

**Kickboxing**

**Mixed Martial Arts**

**Muay Thai**

**Blood Tests**

- HIV: HIV 1/2 serum Ab (**HIV 1/2 SERUM** 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 (approx. 2"x2")

Photo Identification

Physical Exam and Medical History

\$10.00 Fee (per license)

Exam Eye

**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? Yes ☐ No ☐  
(If yes, give complete details in the space below)

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, including 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 as a fighter to participate in a professional 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

## CHILD SUPPORT INFORMATION

**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 Professional 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: \_\_\_\_\_