



# OREGON STATE POLICE

Oregon State Athletic Commission  
4190 Aumsville Hwy SE  
Salem OR 97317

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



LICENSE APPLYING FOR:

Second: Fee \$15.00

DIGITAL COLOR PHOTO  
CLEAN BACKGROUND  
PASSPORT STYLE  
CHEST TO TOP OF HEAD  
2" x 2"  
Photo  
  
Email to:  
OSAC@state.or.us

**FOR OFFICE USE ONLY**

License Approved  Denied  Fee Received Yes  No

By: \_\_\_\_\_ Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

License No: \_\_\_\_\_

**COMPLETE APPLICATION MUST BE SUBMITTED WITH CORRECT FEE AND A DIGITAL COLOR PHOTOGRAPH**

### 1. APPLICANT IDENTITY:

Legal Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Email: \_\_\_\_\_

Other names used: \_\_\_\_\_

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

a) If yes, what year(s) were you last licensed? \_\_\_\_\_

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

a) If yes, where and what type of license? \_\_\_\_\_

4. Are you currently under suspension for any reason by any regulatory body in any jurisdiction? Yes  No

a) If "Yes," give details: \_\_\_\_\_

5. Do you have any financial interest or investment in a professional boxer, mixed martial arts competitor, entertainment wrestler, or in any person or promoter involved in promotion of a boxing, mixed martial arts, entertainment wrestling, or event in this state? Yes  No

a) If yes, explain (give names) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. 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

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

**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 Seconds 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: \_\_\_\_\_