



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 PROFESSIONAL MUAY THAI COMPETITOR LICENSE

- ☐ \$15.00 Fee
- ☐ 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
- ☐ Physical Exam
- ☐ Eye Exam

1. APPLICANT IDENTITY:

Legal Name: _____ Social Security #: _____

DOB: ____/____/____ Last First Middle Driver's License #: _____ State: _____ Phone: _____

Address: _____ Number/Street City State Zip

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

National 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____ Professional 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 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

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 Professional Muay Thai 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: _____