



OREGON STATE POLICE
Oregon State Athletic Commission
500 Airport Rd SE
Salem, OR 97301
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 (MMA) Muay Thai
- Physical Exam and Medical History Photograph (approx. 2"x2")
- Eye Exam Photo Identification
- Blood Tests \$10.00 Fee (per license)

*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)**

APPLICANT IDENTITY

Legal Name:
Last First Middle

Other Names Used:

Date of Birth: Social Security #:

Driver's License # State:

Street Address:

City: State: Zip Code:

Email Address: Phone Number:

Age:

Height:

Weight:

Hair Color:

Eye Color:

National MMA or Federal Boxing ID Card Number:

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. 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," provide details:

4. Are you currently under suspension for any reason by any regulatory body in any jurisdiction?

Yes No

a) If "Yes," provide 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, including high school/college experience:

How long?

Awards/Titles/Belts:

3. ATTESTATION

Gym at which you train:

Address (Number/Street City, State, & Zip)

Phone:

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 an **Amateur 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 this license.

APPLICANT'S SIGNATURE:

Date: