



OREGON STATE POLICE

Oregon State Athletic Commission
500 Airport Rd. SE
Salem OR 97301

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



LICENSE APPLYING FOR:

Inspector

Photo Identification

FOR OFFICE USE ONLY	
License Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
By: _____	Date: _____
Expiration Date: _____	
License No: _____	

DIGITAL COLOR PHOTO
CLEAN BACKGROUND
PASSPORT STYLE
CHEST TO TOP OF HEAD
2" x 2"
Photo
Email to:
OSAC@osp.oregon.gov

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

1. APPLICANT IDENTITY:

Legal Name: _____ Home Phone: _____
Last First Middle

DOB: ___/___/___ Social Security #: _____ State: _____ Business Phone: _____

Address: _____
Number Street City State Zip

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

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 an Inspector 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: _____