

OREGON STATE POLICE

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

TELEPHONE: 503-871-5091 FAX: 503-540-1440 DIGITAL COLOR PHOTO CLEAN BACKGROUND PASSPORT STYLE CHEST TO TOP OF HEAD 2" x 2" Photo

Email to:

OSAC@osp.oregon.gov

Report of Physical Exam

Report of Eye Exam

Photo Identification

Application Fee \$25.00

APPLIC	ANT IDENTITY:	:				
Legal Name:					Social Security #:	
	Last	First	Mid	idle		
OB:	// Drive	ers License #:	State:	Pho	one:	
ddress:		Street				
	Number	Street	City	State	Zip	
ge:	Height:	Weight:	Email:			
		sed by the Oregon State				
Have you	u ever been licens		Athletic Commission	? Yes □ No []	
Have you a) Are you	u ever been licens If yes, what year licensed in any ot	sed by the Oregon State	Athletic Commission ed? Yes □ No □	? Yes □ No []	

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 con jurisdiction? (If yes, given		demeanor or felony), in the State of Oregon or he space below)	any other state or Yes No
Crime/Offense	Date	Location (City, State, Country)	Disposition
7. State your experience ar	nd qualifications in the	following space (attach separate sheet if neces	sary):
	CHILD	SUPPORT INFORMATION	
Department of Justice Child	l Support Program. If y	issuing entities are required to send license info ou owe past-due child support the Child Suppor payment arrangements are not made per Orego	t Program will contact you
Please mark ONE appropria	ate response (failure to	mark one of the three will result in denial of the	application)
I am not subject to a co	ourt order for the support	of a child.	
		one or more children and am in compliance with the public agency enforcing the order for the repart	
		of one or more children and am not in compliancy enforcing the order for the repayment of the a	
icense, that all answers giver	n are my own, that all ans	State of Oregon that I have read the foregoing appl wers are true of my own knowledge. Further, I under the constitute grounds for revocation of this license.	
ADDI ICANT'S SIGNATI	IDE.	DATE:	