

## **OREGON STATE POLICE**

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

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



Timekeeper	Fee \$ 15.00	Photo Identification		DIGITAL COLOR PHOTO CLEAN BACKGROUND PASSPORT STYLE
	FOR OFFICE U	SE ONLY		CHEST TO TOP OF HEAD
License Approved		ee Received Yes $\square$ N		2" x 2"
1				Photo
By: Date:				
Expiration Date:				Email to:
License No:				OSAC@osp.oregon.gov
COMPLETE APPLICATIO	ON MUST BE SUBM	IITTED WITH CORREC	Γ FEE AND A D	IGITAL COLOR PHOTOGRAPI
APPLICANT IDENTIT	Y:			
Legal Name:			So	cial Security #:
Last			Middle	<del>,</del> ————————————————————————————————————
DOB:/	Driver's Licen	se #:	State:	
Home Phone:		Business Phone:		
Address:Number				
Number	Street	City	State	Zip
Age: Height:	Weight:	Email:		
Other names used:				
2. Have you ever been lice	need by the Oregon	State Athletic Commissi	on? Voc. □ N	No. □
2. Have you ever been nee	iised by the Oregon	State Atmetic Commission	on: res 🗀 r	<b>10</b>
a) If yes, what ye	ear(s) were you last	licensed?		
3. Are you licensed in any	other state or country	ry? Yes □ No □		
a) If yes, where a	nd what type of lice	nse?		
		reason by any regulatory		sdiction? Yes $\square$ No $\square$

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, giv		demeanor or felony), in the State of Oregon or the 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	e following space (attach separate sheet if nece	ssary):				
	CHILI	O SUPPORT INFORMATION					
<b>Department of Justice Child</b>	Support Program. If y	e issuing entities are required to send license info you owe past-due child support the Child Support payment arrangements are not made per Orego	rt Program will contact you				
Please mark ONE appropria	te response (failure to	mark one of the three will result in denial of the	application)				
I am not subject to a co	urt order for the support	of a child.					
		one or more children and am in compliance with the public agency enforcing the order for the rep					
		of one or more children and am <b>not</b> in compliancy enforcing the order for the repayment of the					
Timekeepers License,	that all answers given a	State of Oregon that I have read the foregoing appure my own, that all answers are true of my own known that in this application will constitute grounds for	owledge. Further, I				
APPLICANT'S SIGNATU	RE:	DATE	:				