



**OKLAHOMA STATE ATHLETIC COMMISSION**

123 Robert S Kerr  
Oklahoma City, OK 73102  
Tel. (405) 426-8035  
Fax (405) 900-8383  
Boxing@health.ok.gov  
www.ok.gov/osac

**APPLICATION FOR STATE LICENSE**

Please check the appropriate license for which you are applying:

\$30 Amateur MMA	\$30 Amateur Kickboxer
\$30 Mixed Martial Arts	\$30 Pro Kickboxer
	\$30 Boxer

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ Social Security # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ National/Federal ID# \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Age: \_\_\_\_ Gender (check one): M \_\_\_\_ F \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Eye Color: \_\_\_\_ Hair Color: \_\_\_\_

1. Have you ever had a license denied or revoked by any state? Yes \_\_\_\_ No \_\_\_\_
2. Are you currently under suspension by any state? Yes \_\_\_\_ No \_\_\_\_
3. Are you currently licensed in another state? Yes \_\_\_\_ No \_\_\_\_
4. Have ever been licensed in Oklahoma? Yes \_\_\_\_ No \_\_\_\_
5. Have you ever been paid a purse for any combative sport? Yes \_\_\_\_ No \_\_\_\_
6. Do you have any type of medical insurance? Yes \_\_\_\_ No \_\_\_\_  
If Yes, please list Company name, address, and telephone number:
7. Have you ever participated in a Non-Sanctioned Event Yes \_\_\_\_ No \_\_\_\_  
If Yes, please list the date you competed in the Non-Sanction event Date: \_\_\_\_\_

8. Please list a name, address, and telephone number of a person that may be contacted in case of an emergency:  
\_\_\_\_\_  
\_\_\_\_\_

**Second Information:**

Name-Seconds \_\_\_\_\_

**FOR BOXING/KICKBOXING/MIXED MARTIAL ARTS CONTESTANTS**

Boxer/Kickboxer/Mixed Martial Artist voluntarily and knowingly agrees to participate in a Boxing/Kickboxing/Mixed Martial Arts event. **BOXING/KICKBOXING/MIXED MARTIAL ARTS EVENTS ARE DANGEROUS.** Boxer/Kickboxer/Mixed Martial Artist hereby acknowledges he/she may suffer permanent physical injuries from Boxing/Kickboxing/Mixed Martial Arts, either in a single event or from participating in multiple events. Boxer/Kickboxer/Mixed Martial Artist hereby releases the Promoter, sponsors, and the State of Oklahoma, or any agent, representative or employee thereof, from any and all claims for liability, known or unknown at this time, arising from injuries, mental and physical, which may be sustained by Boxer/Kickboxer/Mixed Martial Artist during participation in a Boxing/Kickboxing/Mixed Martial Arts event(s).

**Boxer/Kickboxer/Mixed Martial Artist's Initials:** \_\_\_\_\_

I certify that I have read the foregoing application for participant license, and that all the answers given are my own; that all the answers are true and correct to the best of my knowledge. I further understand and agree that any misstatement of fact in this application will constitute grounds for revoking this license.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Commission Approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_