



OREGON STATE POLICE

Oregon State Athletic Commission
4190 Aumsville Hwy SE
Salem OR 97317

TELEPHONE: 503-378-8739
FAX: 503-378-2530

APPLICATION FOR PROFESSIONAL FIGHTER LICENSE

MMA

DIGITAL COLOR PHOTO
CLEAN BACKGROUND
PASSPORT STYLE
CHEST TO TOP OF HEAD
2" x 2"
Photo

Email to:
OSAC@state.or.us

- Fee of \$15.00
- Report of Physical Examination
- Blood Tests
 - HIV: HIV 1/2 serum Ab (HIV 1/2 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)
- Photograph

1. APPLICANT IDENTITY:

Legal Name: _____ Social Security #: _____

DOB: ____/____/____ Driver's License #: _____ State: ____ Phone: _____

Address: _____

Age: ____ Height: ____ Weight: _____

MMA Federal ID Card Number (required): _____ Email Address: _____

2. Have you ever been licensed by the Oregon State Athletic Commission? Yes No
a) If "Yes," What year 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," give details: _____

4. Are you currently under suspension for any reason by any regulatory body in any jurisdiction? Yes No
a) If "Yes," give details: _____

5. Does any person, have a financial interest in your ring earnings? Yes No
a) If "Yes," list name(s) and explain interest: _____

6. Amateur Record: (LIST NUMBERS ON EACH LINE)

_____ Wins _____ Losses _____ Draws

7. Professional Record: (LIST NUMBERS ON EACH LINE)

_____ Wins _____ Losses _____ Draws

8. Record of last four fights:

Date of Fight	Opponent	Result	City & State or Promotion Name
1.			
2.			
3.			
4.			

9. 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

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 a Professional MMA 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: _____