

Minnesota Combative Sports Commission Officials Application

Full Name _____
First Middle Last

Next Event Date ____/____/____ Date of Birth ____/____/____
Month Day Year Month Day Year

Address _____
Street City State Zip Code

Home Phone (____) _____ Other Phone (____) _____

Email _____

This is the only name I have used to become licensed Y____ N____ Name: _____

Which official are you being licensed for? Second/Trainer Judge Manager Timekeeper Doctor Referee Inspector

Are you also a combatant? Y____ N____ Combatant License Number: _____

Drivers License Number _____ State _____

I am licensed in these states: _____

Gym Name _____

Gym Address _____

Name of Combatants you're training, coaching, or providing services for: _____

Experience/Training: _____

I hereby certify that to the best of my knowledge and belief that the above statements are true and correct. I also realize that any deliberate misstatement will subject my license to disciplinary action by the Minnesota Combative Sports Commission.

Signature _____ Date _____

Requirements must be received at least 3 days in advance. Please send completed application, 2 passport size photos, and a \$25.00 to:

MN COMBATIVE SPORTS COMMISSION
1700 105th AVE NE
BLAINE, MN 55449

Tel: 763-792-7354 Fax: 763-717-3887 Email: fightingfrenchman2@comcast.net Website: www.mnboxingmma.com