



PROFESSIONAL ATHLETICS
 P.O. BOX 9048
 OLYMPIA, WA 98507-9048
 PHONE: (360) 664-6644
 FAX: (360) 570-4956
 E-MAIL: plssunit@dol.wa.gov
 dol.wa.gov

FOR VALIDATION ONLY

Check one:

- Referee – \$15.00
 Matchmaker – \$40.00
 Second – \$15.00
 Physician – \$40.00
 Announcer – \$40.00
 Timekeeper – \$40.00
 Judge – \$40.00
 Inspector – \$40.00
 Manager – \$40.00
 Boxer – \$15.00
 Wrestling Participant – \$15.00
 Martial Arts Participant – \$15.00

**Make remittance payable to State Treasurer. Send this application with your remittance to:
 Department of Licensing
 PO Box 9048
 Olympia, WA 98507-9048**

INSTRUCTIONS: One photo must accompany your application. It is for identification purposes. A physical exam is required for Referees, Boxers, Wrestling participants, and Martial Arts participants.

A copy of the boxer's current Federal Identification card must accompany the boxer application.

Applicant Information

Please type or print clearly

Applicant Name – Last		First	Middle	Ring Name
Address (PO Box or Street)				
City		State	Zip	County
Telephone (During Business Hours) ()		Social Security No. (Required per RCW 26.23.150)		Federal Identification No.
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (Month, Day, Year)		Federal Identification Expiration Date

Applicant Personal Data

1. Have you been convicted of a crime, misdemeanor or felony in this state, any other state, by the federal government, or any other jurisdiction within the past ten years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment in this state, any other state, by the federal government, or any other jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Has any professional or occupational license, certification or permit held by you, been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government or any other jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Have you ever had a civil court order, verdict, or judgement entered against you in any court of competent jurisdiction in this state, any other state, the federal government, or any other jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please attach a letter of explanation for any affirmative answers to the above questions, including charge(s), date of conviction, civil judgement or order, county jurisdiction, state, and disposition of charges.		

Applicants for Physician's License Only

License No. _____	Jurisdiction of License _____
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Boxing and Martial Arts Participants



Amateur Record:

Wins _____ Wins by KO _____ Wins by TKO _____
Losses _____ Losses by KO _____ Losses by TKO _____
Draws _____ Disqualifications _____

Professional Record:

Wins _____ Wins by KO _____ Wins by TKO _____
Losses _____ Losses by KO _____ Losses by TKO _____
Draws _____ Disqualifications _____

Pro Debut:

Must provide a written statement from Trainer/Manager detailing competition history and current training status.

I declare under penalty of perjury under the laws of the State of Washington, that all answers given on this application are true and correct. Further, I understand that any misstatement of the fact on this application will constitute grounds for disciplinary action.

X

SIGNATURE OF APPLICANT

DATE

All Licensing documents must be received by the Department no later than 3 days prior to weigh-in (no licensing will be allowed at the weigh-in or at the event).

Once filed, this application is a public record and is subject to public disclosure. RCW 42.56