



Scott Walker, Governor
Dave Ross, Secretary

Boxing OR Mixed Martial Arts Contestant License

Your application will not be processed or will be delayed unless you:

- 1. Complete the application information section on the first page. You must complete all sections including your social security #.
- 2. Complete the certification of legal status section on this application.
- 3. Complete the contestant's prior bout history on this application.
- 4. Affidavit of applicant and consent for release of medical information
- 5. \$40 credential fee - Attach check or fill in the credit/debit card section.
- 6. Complete and attach the medical examination report at the end of this application.

Note: The Department may request additional information necessary to determine an applicant's eligibility for a license, such as additional medical reports, training, personal interviews and observation of training.

1. Applicant Information (Print in ink or type)

Check credential type you are applying for (Check one):			
<input type="checkbox"/> Amateur Mixed Martial Arts (276)		<input type="checkbox"/> Professional Mixed Martial Arts (277)	<input type="checkbox"/> Professional Boxing (263)
Applicant's Social Security #:	Applicant's Date of Birth:	Applicant's Name (First, Middle and Last):	
Street Address or PO Box:			
City	State	Zip Code	Country, If Other Than United States:
Telephone Number (Including area code)		Fax Number (Including area code):	
E-mail Address:			
<input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. State § 440.14).			

The department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program and to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes.

Send application and payment to: Wisconsin Department of Safety and Professional Services, Attention: MMA and Boxing Program, P.O. Box 8935 Madison, WI 53708-8935.

Overnight mail delivery and Office location: Wisconsin Department of Safety and Professional Services, Attention: MMA and Boxing Program, 1400 East Washington Ave, Madison, WI 53703

All other correspondence:

Phone: 608-261-8503, **TTY: Contact through Relay**, Fax: 608-223-6532, online: <http://dsps.wi.gov> or by email: dspscombativesports@wisconsin.gov

For Receipting Use Only

Eligibility to obtain the credential: A person who applies for a contestant's license shall do all of the following:

- Be at least 18 years of age.
- An Association of Boxing Commission's mixed martial arts national identification number is required before participating in a scheduled contest. If you do not have an identification number, an application form is available on our website. A \$10 processing fee is required and a photo must be emailed to the Department to print your id.
- Provide results of a physical examination by a physician and laboratory results conducted no more than 180 days before the date of the application in accordance with ch. 448, Stats. This information can be recorded under the medical exam section on this application.

2. Certification of Legal Status: I declare under penalty of law that I am (Check one):

- a citizen or national of the United States, or
- a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

3. Contestant's Prior Bout History:

1. What is the contestant's record?

Amateur Record: _____ Wins _____ Losses _____ Draws

Professional Record: _____ Wins _____ Losses _____ Draws

2. What is the date of the contestant's last bout? _____

3. If the contestant has never professionally fought, or has not fought within the last five years, please provide information relating to boxing or mixed martial arts training.

4. Affidavit of Applicant and Consent for Release of Medical Information

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Applicant's Signature

Date (mo/day/yr)

I, _____ (Print Name), hereby authorize any physician, staff, or any other medical professional who provided the results of my physical, lab work, or any medical documentation from other commissions to provide the Wisconsin Mixed Martial Arts Commission, or any member thereof, and the Wisconsin Department of Safety and Professional Services, or any attorney, investigator, employee, or agent thereof, 1400 East Washington Avenue, Madison, Wisconsin, with copies of all documents regarding my medical and treatment records. This includes but is not limited to: intake summary; physicians' progress notes; laboratory tests; x-rays; consultation reports; nursing notes; medications prescribed; discharge summary; diagnosis and prognosis records; and collection,

