

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**Phone #:** (608) 261-8503

**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dpscombativesports@wisconsin.gov](mailto:dpscombativesports@wisconsin.gov)  
**Website:** <http://dps.wi.gov>

## UNARMED COMBAT SPORTS

### APPLICATION FOR UNARMED COMBAT SPORTS MATCHMAKER LICENSE

**Your application is not complete UNTIL all of the following have been received:**

- Complete the application information section on Page 1. You must complete all sections including your social security number.
- Complete the certification of legal status on Page 2.
- Read and sign the continuing duty of disclosure and affidavit of applicant on Page 2.
- Complete credential fee information on Page 3. The credential can be issued for up to 5 years at \$10 per year. Indicate the number of years on Page 3 and attach a check or fill in the credit/debit card section.

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.

**The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).**

Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address or PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

APPLICANT INFORMATION					
Last Name		First Name		Middle Name	
Former/Maiden Names					
Social Security Number		Your Social Security (SSN) must be submitted with your application on this form. If you do not have a Social Security Number, you must complete <a href="#">Form #1051</a> . The Department may not disclose the SSN collected except as authorized by law.			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Date of Birth (mm/dd/yyyy)		Daytime Phone Number (including area code)			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Address: (number/street or PO Box)		(city)		(state)	(zip code)
Country (if other than U.S.)		E-mail Address (required)			

**You may submit application and all materials via:**

1. Email, [dpscombativesports@wisconsin.gov](mailto:dpscombativesports@wisconsin.gov), or
2. Mail (regular mail) to DSPS P.O. Box in header above, or
3. Expedited Mail to DSPS office location in header above.

**Questions:** • Email [dpscombativesports@wisconsin.gov](mailto:dpscombativesports@wisconsin.gov)  
• Call (608) 261-8503

**For Receipting Use Only**  
**(reg code 270)**

1 year (\$10) 2 years (\$20) 3 years (\$30) 4 years (\$40) 5 years (\$50)

# Wisconsin Department of Safety and Professional Services

## CERTIFICATION, DUTY of DISCLOSURE, and AFFIDAVIT

### 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 or credential 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.

### 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 Signature (If unable to provide a digital signature, print and sign form.)	Date										
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

**COMPLETE PAYMENT INFORMATION ON PAGE 3.**

# Wisconsin Department of Safety and Professional Services

**CREDENTIAL FEE(S) (nonrefundable and nontransferable) \$10 per year (Credential length 1 to 5 years)**

The cost is \$10 per year. You can choose to have the credential issued for 1 to 5 years. Select the number of years and corresponding fee below:



<input type="checkbox"/>	<b>\$10 – Please issue my credential for 1 year.</b>
<input type="checkbox"/>	<b>\$20 – Please issue my credential for 2 years.</b>
<input type="checkbox"/>	<b>\$30 – Please issue my credential for 3 years.</b>
<input type="checkbox"/>	<b>\$40 – Please issue my credential for 4 years.</b>
<input type="checkbox"/>	<b>\$50 – Please issue my credential for 5 years.</b>

- **Pay by Check or Money Order** - Make checks payable to State of WI – DS/PS/ P.O. Box 8935 Madison, WI 53708-8935

OR

- **Pay by Credit or Debit Card** – Fill in the information below.

Please Note: For all credit and debit card transactions, a 2% convenience fee will be assessed and will appear as a separate charge on your statement. This fee is non-refundable

<b>Cardholder's Name:</b>		<b>Daytime Phone Number:</b>	
		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Cardholder's Address: (Number/Street)</b>		<b>(City)</b>	<b>(State)</b>
			<b>(Zip Code)</b>
<b>Credit Card Number:</b>		<b>Expiration Date: (month / year)</b>	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Card Type (select one):</b>	<input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> DISCOVERY <input type="checkbox"/> AMERICAN EXPRESS		
<b>Security Code:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
I understand by signing below, I authorize the State of Wisconsin Department of Safety and Professional Services to charge my credit card for the above amount and a 2% convenience fee assessed at the time of processing.			
<b>Cardholder's Signature: (If unable to provide a digital signature, print and sign form.)</b>			