



**Tony Evers, Governor**  
**Dawn Crim, Secretary**

## Unarmed Combat Sports Referee 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 qualifications section on this application by attaching all documents requested.
- [ ] 4. Read and sign the affidavit of applicant.
- [ ] 5. Credential fee (\$15 per year). - Attach check or fill in the credit/debit card section with the appropriate amount listed below.
- [ ] 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)**

<b>Check credential type you are applying for (Check one):</b> <input type="checkbox"/> Boxing Referee (275) <input type="checkbox"/> Kickboxing Referee (289) <input type="checkbox"/> Mixed Martial Arts Referee (268) <input type="checkbox"/> Muay Thai Referee (290)			
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:			

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 Unarmed Combat Sports Program, P.O. Box 8935 Madison, WI 53708-8935.

**Overnight mail delivery and Office location:** Wisconsin Department of Safety and Professional Services, Attention Unarmed Combat Sports Program, 4822 Madison Yards Way, Madison, WI 53705

**All other correspondence:**

Phone: 608-261-8503, **TTY: Contact through Relay**, Fax: 608-251-3036, online: <http://dps.wi.gov> or by email: [dpscombativesports@wisconsin.gov](mailto:dpscombativesports@wisconsin.gov)

#2914 (Rev. 2/17) (CH.440, Stats and Ch. 444, Stats)

### **For Receipting Use Only**

\$15 \$30 \$45 \$60 \$75 – 268 275 289 290

## **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. Qualifications (Attach required documents for the license you are applying for):**

An applicant for a Referee License must submit one or more of the following:

- 1) A certificate of completion of a referee's training program from another state, other regulating bodies such as the Association of Boxing Commissions, and other organizations that have a referee's training program certified by the Association of Boxing Commissions or another association recognized by the department.
- 2) A resume with 3 professional references that can verify the number of years of experience as a referee along with a log of experience.
- 3) A valid and current license as a referee from another state or organization.
- 4) A passing grade on an examination administered by the department that tests the examinee's knowledge, and successful completion of the trial referee program.

Note: If you are not a licensed referee from another state or organization, you must obtain a passing grade on an examination administered by the Department designed to test the applicant's knowledge. An additional exam fee of \$75 will be required to take the examination. Please contact the Department Exam Office at 608-267-9362 for more information.

## **4. Affidavit of Applicant**

### 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 (**Print and Sign Form**)

\_\_\_\_\_  
Date (mo/day/yr)

**5. Credential (nonrefundable): Choose the length of your license (\$15 per year):**

1 year - \$15     2 years - \$30     3 years - \$45     4 years - \$60     5 years - \$75

**Pay by Check** - Make checks payable to: State of WI – DSPS **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.

Cardholder's Name: \_\_\_\_\_ Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_\_

Type (**Circle One**):    Visa    MC    Disc    AmEx

Security code from front/back of card: \_\_\_\_\_

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.

Cardholder's Signature: \_\_\_\_\_

**(Print and Sign Form)**

## 6. Referee Medical Examination Report:

Your physician should complete this form in its entirety. This completed form must be submitted with the application.

<b>Name:</b>	<b>Birth date:</b>
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**For all referee's (Please answer all of the following)**

- Any illness or injuries since last examination or within last 5 years?  Yes  No
- Has this patient ever had severe headaches, fainting spells, or dizziness?  Yes  No
- List any physical condition or past illness which might affect this patient's ability to perform the job.  
(Attach separate sheet)

Vitals	Result	Description	
Pulse			
Temp			
Weight			
Height			
Blood Pressure			
Eyes	Right	Left	Description
Distant Vision	20/	20/	
Light Reflex	Normal or Abnormal	Normal or Abnormal	
Accommodation Reflex	Normal or Abnormal	Normal or Abnormal	
Fundi	Normal or Abnormal	Normal or Abnormal	
Cataracts	Normal or Abnormal	Normal or Abnormal	
Tendon Reflexes	Right	Left	Description
Knee Jerk	Normal or Abnormal	Normal or Abnormal	
Babinski	Normal or Abnormal	Normal or Abnormal	
Rhomberg	Normal or Abnormal		
Finger to Nose	Normal or Abnormal		
Upper Extremities			Description
Hands	Normal or Abnormal		
Wrist	Normal or Abnormal		
Elbows	Normal or Abnormal		
Shoulder Girdle	Normal or Abnormal		
Misc			Description
Lower Extremities	Normal or Abnormal		
Mouth and Pharynx	Normal or Abnormal		
Adenopathy	Normal or Abnormal		
Lungs	Normal or Abnormal		
Heart	Normal or Abnormal		
Abdominal Palpation	Normal or Abnormal		
Testis	Normal or Abnormal		
Hernias	Normal or Abnormal		
Boils, Herpes, Impetigo	Yes or No		

**Physician Information:**

Examiner Name (Printed): \_\_\_\_\_ Title (M.D., D.O., P.A.) & Lic #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Examiner Signature: \_\_\_\_\_

(Print and Sign Form)