

Wisconsin Department of Safety and Professional Services

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Madison, WI 53708-8935
Phone #: (608) 261-8503

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dspscombativesports@wisconsin.gov
Website: <http://dsps.wi.gov>

UNARMED COMBAT SPORTS SECOND (CORNER) LICENSE APPLICATION

For UCS program information visit the UCS webpage, <https://dsps.wi.gov/Pages/Professions/UnarmedCombatSports/Default.aspx>.

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).

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> 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).	
First Name	Middle Name	Last Name	
Applicant Social Security Number Your Social Security Number <u>must</u> be submitted on this application form. If you do not have a Social Security Number, you must complete Form 1051 . The Department may not disclose the Social Security Number collected except as authorized by law.			Social Security Number <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"/>
Applicant Date of Birth Applicants 16 or 17 years of age may become licensed as a second. However, if you are under 18, you may not assist a contestant at an event unless accompanied by a licensed second who is at 18 years of age. For further details see Wis. Admin. Code § SPS 192.22 .			Date of Birth (mm/dd/yyyy) <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 P.O. Box)		(city)	(state)
			(zip code)
Country (if not United States)		E-mail Address	
Telephone Number (with area code)	Fighter(s) Supported		Gym
<u>CERTIFICATION OF LEGAL STATUS</u>			Upcoming Fight Date (if available)
I declare under penalty of law that I am (check one): <input type="checkbox"/> A citizen or national of the United States, or <input type="checkbox"/> 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.			<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"/>
<u>CONTINUING DUTY OF DISCLOSURE</u>			
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.			
<u>AFFIDAVIT OF APPLICANT</u>			
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 have provided to the Department of Safety and Professional Services change.			
Applicant's Signature (Print and Sign Form)		Date	<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"/> (Month) (Day) (Year)

FEE - Select <u>one</u> box below for length of licensure and nonrefundable fee.	For Receiving Use Only (265)
<input type="checkbox"/> \$40.00 (one year)	
<input type="checkbox"/> \$80.00 (two years)	
<input type="checkbox"/> \$120.00 (three years)	
<input type="checkbox"/> \$160.00 (four years)	
<input type="checkbox"/> \$200.00 (five years)	

Wisconsin Department of Safety and Professional Services



License fee (must match fee box checked on bottom of Page 1):

\$40.00 (one year)
 \$80.00 (two years)
 \$120.00 (three years)
 \$160.00 (four years)
 \$200.00 (five years)

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

OR

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

Cardholder's Name:		Daytime Phone Number:	
		<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"/>	
Cardholder's Address: (Number/Street)		(City)	(State)
Credit Card Number:		Expiration Date: (month / year)	
<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"/>	
Card Type (select one):	<input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> DISCOVERY <input type="checkbox"/> AMERICAN EXPRESS		
Security Code:	<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.			
Cardholder's Signature (Print and Sign Form):			