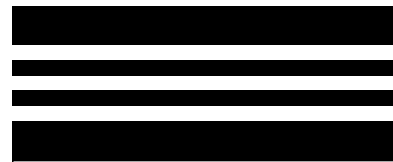




**Amateur Mixed Martial Arts
Sanctioning Organization
License Application/Renewal**



Apply for or renew a license to sanction amateur mixed martial arts events. All fees are nonrefundable.

Online: <https://professions.dol.wa.gov>

Or mail this completed form with a check or money order for **\$540** (payable to the Department of Licensing) to:



**Combative Sports Program
Department of Licensing
PO Box 3777
Seattle, WA 98124-3777**

For questions or language help call: (360) 664-6644

Application type

- New license
- Renewal

Licenses are available for self-printing with an online account. If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

- \$0 self-print license online.
- \$5 each. DOL print and mail license. Quantity _____ Total \$ _____

Applicant

PRINT or TYPE Name <i>(Last, First, Middle)</i>			
Business name		UBI/UBI Business ID/UBI Location ID (16 digits)	
Doing business as			
Mailing address			
City	State	ZIP code	County
Physical address <i>(if different)</i>			
City	State	ZIP code	County
10-digit business phone number	10-digit residence phone number	Email	
Military? <i>(check if applicable)</i> Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner			

Business

Type of business
 Sole proprietor Partnership Corporation Foreign corporation

Answer the following

1. If a partnership, corporation, or LLC, are you authorized to sign for the business? Yes No
2. Are you at least 18 years of age? Yes No
3. Do you have an active tax registration with the Department of Revenue? Yes No
4. Do you have an established place of business that offers training in 1 or more of the mixed martial arts? Yes No
5. Do you have a minimum of 3 years total combined amateur or professional experience in at least 3 of the following areas: Referee, Promoter, Judge, Inspector, have an established place of business that offers training in 1 or more of the mixed martial arts? . . . Yes No
6. Are you authorized to sign for the business? Yes No

Authorized representatives

Changes to this list will not be accepted within 30 days prior to an event or exhibition.

Name (*Last, First*)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Legal background

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit? Yes No
2. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) Yes No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT Name

X
Signature

Date and place

Providing false information in this application may be cause for the denial, suspension, or revocation of your license in the state of Washington. We may conduct a complete background investigation.