



Professional or Amateur Combatant License

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

1. Complete the application. You **must** complete all sections including your social security number. List if you have been previously licensed with the MN Office of Combative Sports (MN-OCS).
2. Read the data practices notice and sign the acknowledgement.
3. Submit the corresponding license fee. Attach a check or fill-in the credit or debit card section.
4. Complete and submit all medical requirements with physician clearance. This includes: a) a physical/neurological exam; b) dilated-eye exam; and c) blood test results for HIV, HBV (hepatitis B), and HCV (hepatitis C). All medicals are valid one year from the date the examination was conducted or blood was drawn.
5. Provide proof that you are at least 18 years old. Acceptable proof is a copy of: a photo driver's license, state photo I.D. card, passport, or a birth certificate combined with an additional photo I.D.

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

1. Applicant information (print in ink or type) – Please write legibly

Check license type you are applying for (check one):			
<input type="checkbox"/> Amateur Combatant License (\$50)		<input type="checkbox"/> Professional Combatant License (\$70)	
Applicant's Social Security #:	Applicant's date of birth:	Previous MN-OCS license # (if any):	
Applicant's name (first, middle and last):			
Applicant's street address or P.O. box:			
City:	State:	ZIP Code:	Country, if other than United States:
Main telephone number (including area code):		Secondary telephone number (if any):	
Email address:			
Manager name (if any):		Manager telephone number:	
Gym name:			
Emergency contact name:		Emergency contact telephone number:	

Note: Any person who applies for an amateur or professional combatant license must also obtain an Association of Boxing Commission's mixed martial arts national identification number or boxing federal identification number prior to a scheduled bout.

Send application and payment to:

Minnesota Department of Labor and Industry
 Office of Combative Sports
 443 Lafayette Road N.
 St. Paul, MN 55155

For department use only

Contact information:

Phone: (651) 284-5366
Fax: (651) 539-0269
Online: www.dli.mn.gov/ocs.asp
Email: matt.schowalter@state.mn.us

2. Data practices notice:

The information you as an individual, or business entity, provide in this application will be used by the Department of Labor and Industry staff members to determine if you meet the license requirements. Before a license is issued to you, Minnesota Statute Section 270C.72, subd. 4 requires you to provide your Social Security number and, where applicable, your Minnesota Business Identification number on this application. The other information is required to process your application. Failure to provide the requested information may delay the processing of your application or may be grounds for denying your application. Under Minnesota Statute Section 13.41, the information you provide on this application, except for you name and address, is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, and/or for the purpose of verification and investigation. After you are licensed, the information you provide, except for your Social Security number and data otherwise protected, becomes public data and may be released to anyone upon request.

3. Acknowledgement:

I understand and accept that, pursuant to Minnesota Statutes Sections 341.27 and 326B.082, the Commissioner of the Minnesota Department of Labor and Industry may deny, revoke, suspend or limit this license if I knowingly and willfully made a false statement or provided false documentation in this application. I hereby declare that all statements, documentation and medical information provided with this application are true and correct.

Applicant's signature

Date (month/day/year)

4. License fee:

Make checks payable to: DLI-OCS. Annual license expires Dec. 31 each year. A new license application must be submitted each year. Choose one of two options:

- 1. Pay by check:** Make checks payable to **DLI-OCS**.
- 2. Pay by credit or debit card:** Fill-in the information below.

Cardholder's name: _____

Cardholder's address: _____
(Street) (City) (State) (ZIP Code)

Credit card number: _____

Expiration date: _____

Type (check one): Visa MasterCard Discover American Express

Include the security code from front/back of card: _____



I understand by signing below, I authorize the Minnesota Department of Labor and Industry Office of Combative Sports to charge my credit card for the above amount.

Cardholder's signature: _____