

Trainer or Second (Corner) License

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

1. Complete this application. You must complete all sections including your Social Security number.
2. Read the data practices notice and sign the acknowledgement.
3. Submit the \$80 license fee.

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

Applicant information (write in ink or type) – Write legibly

Trainer/Second (Corner) License (\$80)			
Applicant's Social Security number:		Applicant's date of birth:	List previous MN-OCS license number(s):
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 phone number (including area code):			Other phone number:
Email address:			
Gym name:			
List of combatants providing services for:			

Acknowledgement

I understand and accept that, according 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 declare that all statements, documentation and medical information provided with this application are true and correct.

Applicant's signature

Date (month/day/year)

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, 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.

License fee

Payment type:

Cash Check # _____ (payable to DLI-OCS) Credit Card (fill info below)

Purse Deduction: Name of combatant whose purse will be deducted _____

Credit Card Information

Cardholder's name: _____

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

Cardholder's phone number: (____) ____ - _____

Cardholder's email address: _____

Credit card number: _____

Expiration date: ____ / ____

Type (circle one): Visa MasterCard Discover

Note: Include the security code from 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: _____

Annual license expires Dec. 31 of the year it was issued. A new license application must be submitted each year.

Mail application and payment to:

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

Contact information:

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