

Experience Verification Form for Professional License

This form should be completed by the combatant's trainer or coach. In lieu of completing this form, a trainer or coach may submit a letter of recommendation to OCS for a combatant that provides proof of qualifications for licensure. The department may request additional information necessary to determine whether an applicant meets the minimum experience required by law for licensing as a professional combatant.

Combatant Information

Combatant name (first, middle and last):				
Select which professional combative sport the combatant wishes to compete in (Select all that apply):				
MMA	Boxing	Kickboxing	Muay Thai	Toughperson

Trainer/Coach Information

Trainer/Coach name (first, middle and last):	
Email address:	Phone number:
Gym Name:	
Gym Location (<i>City and state</i>):	
List all state/tribal regulatory bodies that you hold a trainer/second/coach license (include any license numbers): _____	

Experience Questionnaire

<u>Combatant Amateur Boxing Record</u>	<u>Combatant Amateur Martial Arts Record</u>
Provide a copy of the passbook/record book	Kickboxing: Wins_____ Losses_____
Wins: _____ Losses: _____	MMA: Wins_____ Losses_____
# of Junior Olympic Bouts: _____	Muay Thai: Wins_____ Losses_____
# of Novice Bouts: _____ # of Open Bouts: _____	Other: Wins_____ Losses_____
Total # of TKO/KO Losses: _____	Total # of TKO/KO Losses: _____
How long has the combatant trained with you? _____(Years) _____(Months)	
Has the combatant trained with you exclusively? Yes No	
If No , with whom else did/has the combatant trained with? _____ _____	
Have you witnessed the combatant participate in any sparring sessions? Yes No	
Approximately how many sparring rounds has the combatant participated in at your gym? _____	
Was the combatant ever a member of a combative sports organization such USA Boxing, USA Karate, or similar organization? Yes No	
If Yes , state the organization(s): _____ _____	
Provide any other relevant information regarding the combatant's ability to compete in the amateur combative sports selected above (attach additional pages if necessary): _____ _____	

Trainer/Coach Declaration

By signing this form below, you are certifying that the named combatant has, in your judgement, the necessary skills to qualify to be licensed as a professional combatant in the combative sport(s) selected above.

Trainer/Coach signature

Date (month/day/year)