

Experience Verification Form for Amateur 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 an amateur combatant.

Combatant Information

Combatant name (first, middle and last):	
Date of Birth (<i>MM/DD/YYYY</i>):	Phone number:
Email address:	
Select which amateur combative sport the combatant wishes to compete in (Select all that apply):	
MMA	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

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? _____		

Approximately how many sparring rounds has the combatant participated in at your gym? _____		
Have you witnessed the combatant participate in any sparring sessions?	Yes	No
Is the combatant currently, or were they 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 an amateur combatant in the combative sport(s) selected above.

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 the combatant's license if I knowingly and willfully made a false statement or provided false documentation on this form. I declare that all statements and documentation provided with this form are true and correct.

Trainer/Coach signature

Date (month/day/year)