COMPLETE, PRINT, SIGN IN THE PRESENCE OF A NOTARY PUBLIC AND MAIL

PROFESSIONAL BOXER/KICKBOXER/MIXED FIGHTING STYLE LICENSE APPLICATION

COMMISSION OF COMBATIVE SPORTS

SFN 11720 (04-2015)

For Office Use Only

System ID:
WO Number:
Approved By:

North Dakota Commission of Combative Sports
600 E Boulevard Avenue Department 108
Bismarck ND 58505-0500
Telephone: 701-328-3380
Toll Free: 800-352-0867 Extension 328-3380
Fax: 701-328-1690
Website: sos.nd.gov

FEE: $10.00 (per license)

In compliance with the Federal Privacy Act of 1974, the disclosure of a social security number on this form is voluntary. Under state law, this number cannot be disclosed to the public. However, if the number is voluntarily provided, it does assist the Secretary of State's office with maintaining accurate records. The application will not be rejected if the number is not provided.

PHOTO

License Type (check one):

☐ Boxing ☐ Mixed Fighting Style

Legal Name		Professional/Stage Name	
Address		City	State / Zip Code
Telephone Number	Date of Birth	Place of Birth	Nationality
Social Security Number	Height	Exact Weight Upon Application	Weight/Division
Color of Eyes	Color of Hair	Distinguishing Marks	
Emergency Contact Name		Emergency Contact Telephone Number	
Emergency Contact Address		City	State / Zip Code

YES	NO	
☐	☐	Have you ever had a fighters license denied or revoked by any state? If Yes, list state(s): _____
☐	☐	Are you currently licensed to fight in another state? If Yes, list state(s): _____
☐	☐	Have you ever been licensed to fight in North Dakota?
☐	☐	Do you have any type of medical insurance? If Yes, list company name, address and telephone number: _____

Name of Manager	Name of Trainer	Name of club of which you are a member
Date of Last Fight	Location of Last Fight	Outcome

Date of last complete physical examination including head and chest x-rays, E.K.G., E.E.G., CAT Scan, B/P, Hernia, Eye Exam, Blood Chemical Profile and Analysis, and Urine Analysis. **(Be prepared to prove examination)**

Boxer/Kickboxer/Mixed Fighting Style participant voluntarily and knowingly agrees to engage in a Boxing/Kickboxing/Mixed Fighting Style event. **BOXING/ KICKBOXING/MIXED FIGHTING STYLE EVENTS ARE DANGEROUS.** Boxer/Kickboxer/Mixed Fighting Style participants hereby acknowledges he/she may suffer permanent physical injuries from Boxing/Kickboxing/Mixed Fighting Style events, either in a single event or from participating in multiple events. Boxer/ Kickboxer/Mix Fighting Style participant hereby releases the Promoter, sponsors, and the State of North Dakota, or any agent, representative or employee thereof, from any and all claims for liability, known or unknown at this time, arising form injuries, mental and physical, which may be sustained by Boxer/ Kickboxer/Mixed Fighting Style participant during engaging in a Boxing/Kickboxing/Mixed Fighting Style event(s).

BOXER/KICKBOXER/MIXED FIGHTING STYLE PARTICIPANT'S INITALS:_____

I, solemnly swear (or affirm), that I am over 18 years of age and all the statements made on this application are true. By signing this application, I agree to be bound by the rules and regulations of the North Dakota Administrative Code, Chapter 72-02.

Applicant's Signature	Date	**ATTENTION: MUST BE SIGNED IN PRESENCE OF NOTARY!**

State	County
Subscribed and sworn (or affirmed) before me on	Date
Signature of Notary Public or Other Authorized Officer	

(Notary Stamp)