

**NON-CONTESTANT LICENSE APPLICATION**

COMMISSION OF COMBATIVE SPORTS

SFN 11710 (10-2022)

**For Office Use Only**

Receipt number:

Approved by:

Commission of Combative Sports  
 State of North Dakota  
 600 E Boulevard Ave Dept 108  
 Bismarck ND 58505-0500  
 Telephone: (701) 328-3664  
 Toll-Free: (800) 352-0867, option 3  
 Fax: (701) 328-1690  
 Website: [sos.nd.gov](http://sos.nd.gov)  
 Email: [combativesports@nd.gov](mailto:combativesports@nd.gov)

1. License valid from the date of issuance until December 31 of that year.
2. In compliance with the Federal Privacy Act of 1974, the disclosure of a social security number or federal ID number on this form is voluntary. Under state law, these numbers cannot be disclosed to the public. However, if a number is voluntarily provided, it does assist the Secretary of State's office with maintaining accurate records. This application will not be rejected if a number is not provided.

License type (check one)			
<input type="checkbox"/> Boxing	<input type="checkbox"/> Mixed fighting style	<input type="checkbox"/> Kickboxing	
Fees per license type (check all that apply)			
<input type="checkbox"/> Cornerperson/second/trainer (\$25.00)	<input type="checkbox"/> Judge (\$25.00)	<input type="checkbox"/> Knockdown counter (\$25.00)	
<input type="checkbox"/> Manager (\$50.00)	<input type="checkbox"/> Matchmaker (\$50.00)	<input type="checkbox"/> Physician (no fee)	
<input type="checkbox"/> Referee (\$25.00)	<input type="checkbox"/> Ring announcer (no fee)	<input type="checkbox"/> Timekeeper (\$25.00)	
Name			
Address		City	State
			ZIP code
Date of birth	Home telephone number	Work telephone number	Email address

Cornering for (complete only if applying for Cornerperson/second/trainer license)
Managing for (complete only if applying for Manager license)

Number of years knowledge and experience relating to duties of each license for which applicant is applying	
Amateur	Professional

Other states where licensed for same duties

**Referee Applicants Only**

Applicant's Initials	Statement
	I understand that any and all protected health information that I provide to the North Dakota Commission of Combative Sports as part of the licensing process in the state of North Dakota shall only be utilized by the North Dakota Commission of Combative Sports as part of the licensing process and shall not be released to any other organization unless specifically authorized by me. This includes all medical records that I provided.

I, the above-named applicant, affirm I am at least 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 laws, rules, and regulations of the state of North Dakota, including its Administrative Code, Chapter 72-02.2, governing Combative Sports.

Applicant's signature	Date