

Wichita and Affiliated Tribes
 Box 729
 Anadarko, OK 73005

License Application



Office: 405-247-2425 Cell 405-623-4191
 Fax: 405-247-2430

OFFICE USE ONLY	
License Number	
<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL
Expiration Date	

Check the license that is being applied for

CONTESTANTS

- Boxer \$25
- Amateur Boxer \$10
- MMA fighter \$25
- Amateur MMA \$25
- Kickboxer \$25
- National ID \$15

OFFICIALS

- Judge \$50
- Referee \$50
- Timekeeper \$25
- Scorekeeper \$25
- Physician N/C

NON-OFFICIALS

- Matchmaker \$150
- Manager \$ 25
- Second \$ 25
- Promoter \$200

SECTION 1 (please print legibly) PERSONAL HISTORY

Name: (Last	First	MI)	SSN	FEDERAL ID #		
Address:	Number & Street	City	State/Prov.	Zip/Postal	DOB (MM/DD/YY)	Age
Phone:	Fax	Cell:	Email Address:			
Height	Weight	Sex	Occupation	Employer		

SECTION 2 (please print legibly) BACKGROUND CHECK

Have you ever been convicted of a Crime other than traffic offenses? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, state type of crime and where
Are you currently on parole or probation? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please explain
Have you ever been suspended or penalized by any other commission? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, give date; state commission; and what action was taken
Do you currently hold any valid license issued by another commission? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please provide detail

SECTION 3 (please print legibly) QUALIFICATIONS & EXPERIENCE

Amateur Experience
Professional Experience

I, the undersigned, hereby declare that I have read the foregoing application and all the answers to the questions given are true. Further, I understand that any misrepresentation of a material fact on this application shall constitute grounds for denial of this application.

_____ Signature

_____ Date