

Kentucky Boxing and Wrestling Commission

656 Chamberlin Avenue, Suite B
Frankfort, Kentucky 40601



Email: KBWC@ky.gov
Phone: (502) 564-0085
Fax: (502) 696-3938

CONTESTANT APPLICATION

Instructions: Please complete all three (3) pages of this application. Applications shall be printed legibly and in ink. Incomplete applications are subject to rejection and will cause delay in issuance of a license.

Applications for licensure as a boxer, kickboxer, wrestler, professional mixed martial artist, amateur mixed martial artist, and elimination event contestant are required annually. Licenses are valid from January 1 to December 31 of each year. The annual fee for an elimination event license is \$10. The annual fee for each other type of license is \$25. Make payment in the form of a check or money order, made payable to the *Kentucky State Treasurer*.

I am applying for licensure as a: (circle all that apply)

Boxer \$25	Kickboxer \$25	Amateur Mixed Martial Artist \$25	Professional Mixed Martial Artist \$25	Wrestler \$25	Elimination Event Contestant \$10
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Do you currently hold a license as a contestant in the sport chosen above? YES NO

If so, what is the license number? _____

Full Name (First, Middle, Last): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number Home: _____ Work: _____ Cell: _____

Social Security # _____ - _____ - _____ E-Mail Address: _____

Occupation: _____ Employer: _____

Employer Address: _____

Age: _____ Date of Birth: _____ Height: _____ ft. _____ in. Weight: _____ lbs.

Eye Color _____ Hair Color _____

Emergency Contact: _____ Relation: _____ Phone: _____

(OVER)

What promotion will you be working or training under? _____

Have you ever held a license to be a boxer, kickboxer, wrestler, professional mixed martial artist, amateur mixed martial artist, or elimination event contestant in Kentucky? YES NO

If yes, what sport(s): _____ License Number(s): _____

Have you ever been licensed as a boxer, kickboxer, wrestler, professional mixed martial artist, amateur mixed martial artist, or elimination event contestant in another state(s)? YES NO

If yes, what state(s): _____ Sport(s): _____ License Number(s): _____

Have you ever been convicted of or pled guilty to a crime other than a traffic violation? YES NO

If yes, please provide details: FELONY MISDEMEANOR

Date: _____

Offense: _____ Court: _____

Disposition: (Use another sheet of paper if necessary)

If applying as a boxer, professional mixed martial artist, amateur mixed martial artist, or elimination event contestant, what is your win-loss record: _____

Last fight date: _____ Opponent: _____ Result: _____

List any other names you have ever competed under: _____

_____ Please check here if you would also like to purchase a certificate version of your license.
Please include an additional \$10.00 for this certificate.

Health & Safety Disclosure

As a contestant, you should be aware that boxing, kickboxing, mixed martial arts, wrestling, and elimination events include many health and safety risks, particularly the risk of brain injury. The Kentucky Boxing and Wrestling Commission strongly recommends that you undergo periodic medical procedures and examinations designed to detect brain injury.

By signing this form, I acknowledge the health and safety risks associated with boxing, kickboxing, mixed martial arts, wrestling, and elimination events

I certify under penalty of perjury that the information submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties. I acknowledge and agree that I understand and will comply with all laws governing boxing, kickboxing, wrestling, mixed martial arts, and elimination events in Kentucky, including those laws found in KRS Chapter 229 and 201 KAR Chapter 27.

Signature of Applicant

Date

Please mail or hand deliver the completed application along with a copy of a government-issued photo ID, physical form (if required), and payment to the Commission.