

# 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

## NON-CONTESTANT APPLICATION

Instructions: Please complete both 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.

The fee for each license type is \$25.00. Licenses are valid from January 1st – December 31st. Licenses must be renewed annually. Make payment in the form of a check or money order, made payable to the *Kentucky State Treasurer*.

I apply for the following license type(s): (circle all that apply)

BOXING:	MIXED MARTIAL ARTS:	WRESTLING:
Judge	Judge	Event Staff
Trainer	Trainer	Referee
Manager	Manager	
Referee	Referee	
Timekeeper	Timekeeper	
Second	Second	

(Number of Licenses Selected) \_\_\_\_\_ X \$25.00= \_\_\_\_\_(Total amount due)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

(OVER)

Describe your experience that would support your being granted the license applied for.

(Continue on a separate sheet if needed): \_\_\_\_\_

Have you ever held a license in boxing, kickboxing, wrestling, professional mixed martial arts, amateur mixed martial arts, or elimination events in Kentucky?  Yes  No License # \_\_\_\_\_

Have you ever held a license in boxing, kickboxing, professional mixed martial arts, amateur mixed martial arts, or elimination events in another state(s)?

Yes  No If yes, in what state(s) \_\_\_\_\_ License # \_\_\_\_\_

Have you ever had a license suspended or revoked?

Yes  No If yes, Explain: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, please provide details. You may use another sheet of paper if necessary.

Date \_\_\_\_\_ Offense \_\_\_\_\_ Court \_\_\_\_\_ Disposition \_\_\_\_\_

I certify under penalty of perjury that all of 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 that I understand and will comply with the Kentucky Boxing and Wrestling Commission laws and regulations to which I am applying for licensure.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

PLEASE MAIL OR HAND DELIVER THE COMPLETED APPLICATION AND PAYMENT TO THE COMMISSION.