

Minnesota Combative Sports Commission Combatant License Application

I am a: Boxer _____ MMA Fighter _____

Full Name _____
First Middle Last

Next Event Date ____/____/____ Date of Birth ____/____/____
Month Day Year Month Day Year

Drivers License _____
Number State

Place of Birth _____
City State Country

Address _____
Street City State Zip Code

Home Phone (____) _____ Other Phone (____) _____

Email _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Distinguishing Features (tattoos, scars, etc.) _____

Professional Record Wins _____ Losses _____ Draws _____

Amateur Experience Yes _____ No _____ Record _____

Manager _____
Name Phone # Email

Trainer _____
Name Phone # Email

Emergency Contact _____
Name Phone #

I hereby grant the MN Combative Sports Commission permission to share blood work results with other commissions for purposes of licensure.
(Initial choice) Agree _____ Disagree _____

Terms and Conditions

1. Combatant must apply for Boxer Federal ID card in the state in which he/she is a resident.
2. Combatant understands that he/she will not be allowed to fight in MN without a State of Minnesota License.
3. Any false or misleading statements on this application may result in the Combatant being placed on the National Suspension list.
4. Combatant understands that cooperation with the issuing Commission may be required to settle any disputes or violations.
5. Combatant agrees to abide by these terms and conditions and any other rules set forth by the Commission that issued the license. Combatant agrees to pay \$25.00 to the MN Combative Sports Commission for licensure.
6. Licensee agrees to test for HIV, Hepatitis B and Hepatitis C annually. Licensee also agrees to provide the Commission with test results.
7. License ID card will not be issued unless an accurate and truthful application is complete with 2 passport size photos, paid fee, blood work and picture ID.
8. The State of Minnesota reserves the right to amend these terms and conditions.

Blood work and any additional medical testing must be mailed, faxed or emailed directly from the clinic or lab administering tests.

Requirements must be received at least 7 days prior to event. Send requirements to:

MN Combative Sports Commission

1700 105th Ave NE

Blaine, MN 55449

Tel: 763-792-7354 Fax: 763-717-3887 Email: fightingfrenchman2@comcast.net Website: www.mnboxingmma.com

I solemnly swear (or affirm) that the statements made on this application are true and the photograph attached is a true likeness of me. By signing this application I agree to be bound by the rules and regulations of the State of Minnesota Combative Sports Commission. If I make a false or misleading statement in this application the State of Minnesota Combative Sports Commission can at any time thereafter place me on suspension for one year. I acknowledge that I have read, understand, and agree to the terms and conditions of licensure.

Name Date

