



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
**APPLICATION FOR PROFESSIONAL LICENSING**

OFFICE OF ATHLETICS  
P.O. BOX 1335  
JEFFERSON CITY, MO 65102  
(573)-751-0243  
(573) 751-5649 FAX  
EMAIL: athletic@pr.mo.gov

FOR OFFICE USE ONLY	
LICENSE NUMBER	<input type="checkbox"/> RENEWAL <input type="checkbox"/> NEW

**THIS LICENSE WILL EXPIRE ON JUNE 30 OF THE EVEN NUMBERED YEARS.**  
**NOTE: YOUR PHONE NUMBER WILL BE RELEASED BY THE DIVISION UPON REQUEST.**

SPORT  
 BOXING       WRESTLING       MARTIAL ARTS

LICENSE  
 ANNOUNCER      \$20.00       CONTESTANT      \$40.00       JUDGE      \$50.00       MANAGER      \$100.00  
 MATCHMAKER      \$200.00       PHYSICIAN      \$0.00       REFEREE      \$50.00       SECOND      \$20.00  
 TIMEKEEPER      \$20.00

NAME		DATE OF BIRTH	
ADDRESS		SOCIAL SECURITY NUMBER	
CITY		STATE	ZIP CODE
TELEPHONE NUMBER	RINGNAME	AGE	HEIGHT      WEIGHT

1. Have you ever been convicted of a crime? **(Except minor traffic violations)**  Yes    No  
**(List convictions on the back of this form.)**
2. Have you ever been suspended or disciplined by the Office of Athletics or any Athletic Commission?  Yes    No
3. Are you currently under suspension or revocation from another boxing commission?  Yes    No

**BOXERS ONLY**

WHEN WAS YOUR LAST BOUT?	RESULT
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**PHYSICIANS ONLY**

ARE YOU LICENSED AS AN MD OR DO IN MISSOURI?  
 YES    NO

NAME OF MEDICAL SCHOOL	YEAR GRADUATED
MEDICAL DEGREE	MISSOURI LICENSE NUMBER

Pursuant to Section 324.010 RSMo:

**CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

*False statements are subject to criminal penalties and/or license discipline.*

**If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.**

I certify (or declare), under penalty of perjury, that I have read the foregoing application for license, and that all answers given are my own; that all the answers are true of my knowledge; further, I understand and agree that any misstatement of a material fact in this application will constitute grounds for revoking this license.

APPLICANT'S SIGNATURE	DATE
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**FOR BOXING AND KICKBOXING CONTESTANTS**

Contestant voluntarily and knowingly agree to participate in a boxing/kickboxing event. **BOXING IS DANGEROUS.** Contestant hereby acknowledges he may suffer permanent physical injuries from boxing/kickboxing, either in a single event or from participating in multiple events. Contestant hereby releases the promoter and State of Missouri, or any agent, representative or employee thereof, from any and all claims for liability, known or unknown at this time, arising from injuries, mental and physical, which may be sustained by contestant during participation in a boxing/kickboxing event.

BOXER'S INITIALS