



Kentucky Boxing and Wrestling Commission  
 Mayo-Underwood Building  
 500 Mero Street, 218NC  
 Frankfort, KY 40601  
 kbwa.ky.gov

**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)**

<b>Boxer</b>	<b>Kickboxer</b>	<b>Amateur</b>	<b>Professional</b>	<b>Wrestler</b>	<b>Elimination</b>
\$25	\$25	<b>Mixed</b>	<b>Mixed</b>	\$25	<b>Event</b>
		<b>Martial</b>	<b>Martial</b>		<b>Contestant</b>
		<b>Artist</b>	<b>Artist</b>		\$10
		\$25	\$25		

**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**

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**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.**