

KBWC  
500 Mero St, 218NC  
Frankfort, Ky 40601



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

## NON-CONTESTANT APPLICATION

Instructions: Please complete all 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, professional mixed martial artist, and amateur mixed martial artist are required annually. Licenses are valid from January 1 to December 31 of each year. The annual fee for each license is \$40 plus a \$10 processing fee for all paper applications. 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 (check/circle all that apply):**

- Boxing/MMA Judge
- Boxing/MMA Timekeeper
- KBWC Bout Assistant
- Boxing/MMA Manager
- Boxing/MMA Trainer
- Boxing/MMA Second
- Wrestling Event Staff

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Last four of social security #: \_\_\_\_\_

Do you currently hold a license in the sport chosen above?  
If YES, what is the license number? \_\_\_\_\_

YES       NO

Have you ever held a combat sport license of any type in Kentucky?

YES       NO

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

Have you ever plead guilty to a crime other than a traffic violation?  YES  NO

If yes, please provide details:

Felony  Misdemeanor Date: \_\_\_\_\_

Offense: \_\_\_\_\_

Court: \_\_\_\_\_

Disposition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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, and payment to the Commission.

Kentucky Boxing and Wrestling Commission  
500 Mero St, 2NC18  
Frankfort, Ky 40601