

Kentucky Boxing and Wrestling  
Commission

500 Mero St, 218NC

Frankfort, Ky 40601



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Email: [kbwc@ky.gov](mailto:kbwc@ky.gov)

[www.kbwc.ky.gov](http://www.kbwc.ky.gov)

## REFEREE 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 wrestler is 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*.

**Physical Requirements:** Please note that all first-time applicants and all applicants 45 or older must also submit a completed KBWC Physical Report Form no older than 90 days along with their application. **THIS FORM MUST BE SIGNED BY A MD OR DO.** If the KBWC Physical Report is not included with the application or is not signed by a MD or DO, the application will be considered incomplete and will delay processing.

I am applying for licensure as a (check all that apply):

Wrestling Referee

Boxing Referee

MMA Referee

Do you currently hold a license in the sport chosen above?  YES  NO

If YES, what is the license number? \_\_\_\_\_

Have you ever held a combat sport license of any type in Kentucky?  YES  NO

Please list any other states you are licensed as a referee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Last four of social security #: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Have you ever refereed under any other names not already on this form?  YES  NO

Please list any other names you have refereed under: \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Health & Safety Disclosure

As a referee, you should be aware that refereeing wrestling, boxing, or MMA comes with risk. The Kentucky Boxing and Wrestling Commission strongly recommends that you undergo periodic medical procedures and examinations designed to health hazards. By signing this form, I acknowledge the health and safety risks associated with being a referee.

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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.

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