

Competitors License Application

Combat Sports Authority of Maine

P.O. Box 10525
Portland, ME 04104
Ph(207) 712-6615
Fax(207) 482-0965

combatsportsmaine@yahoo.com

Office Use:	
License Number:	
New <input type="checkbox"/>	Renewal <input type="checkbox"/>
Expires:	
Receipt Number:	

(Please email CSAM a digital headshot) FEE: \$30 Professional Amateur

Section One: (Please print legibly)

Name: (last First Middle Init)			Soc Sec Nbr (last 4) XXXX-XX-		Email Address			
Address (Number & Street)			City		State Zip		Phone: (Home)	
DOB: (mm/dd/yy)		Age	Sex	Cage Name			Phone: (Cell)	
Have you ever been convicted of a crime other than traffic offenses: Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, state type and where crime was committed:				
Have you ever been suspended or penalized by any other state of commission? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, state Commission, and what action was taken.				
Have you ever had a license in another state? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, state where.				

Section Two: Medical Information

Date of last complete medical exam standards: other than pre-fight: / /		What state was exam taken:		Does this state meet Maine <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Have you ever had a brain CAT Scan or MRI exam? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: / /		Height:	Weight:	Hair Color:	Eye Color:

POLICY FOR OUT OF STATE FIGHTERS:

- 1) The burden is on the fighter to establish that when using any other state physical exam, that those requirements are as stringent as those required by the State of Maine.
- 2) The fee is the same as required for a Maine license.

I hereby verify that the information on this license application is TRUE. I further agree that the Combat Sports Authority of Maine may use any film, photograph, or other material in which I appear as the Authority deems appropriate.

Applicants Signature (Must be signed for license to become valid)		Date: / /		Make checks payable to: Combat Sports Authority of Maine	
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