

License Application

Combat Sports Authority of Maine

P.O. Box 10525

Portland, ME 04104

(207) 712-6615 fax(207)482-0965

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

Check License being applied for: (\$30)

Judge Referee Timekeeper Physician Promoter
Match Maker Manager Trainer Second Corner

Section One: (Please print legibly)

| | | | | | |
|---------------------------|-------|--------------|---------------------------------|---------------|---------------|
| Name: (last | First | Middle Init) | Soc Sec Nbr (last 4) XXX-XX- | Email Address | |
| Address (Number & Street) | | City | State | Zip | Phone: (Home) |
| DOB: (mm/dd/yy) | Age | Sex | Language other than English | | 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. |
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|---|-------------|
| Have you ever had a license in another State? Yes <input type="checkbox"/> No <input type="checkbox"/> | What State? |
|---|-------------|

Section Two: For Promoters (please list reference who can verify financial responsibility)

| | | | | |
|-----------------------|----------------------------|-------|-------|-----|
| Financial Institution | Address: (Number & street) | City | State | Zip |
| Contact Person | Title | Phone | | |

Section Three: For Physicians

| | | |
|-------------------|--|--------------------|
| Physician number: | Please check which medical profession applies: Medical <input type="checkbox"/> Doctor of Osteopathic medicine <input type="checkbox"/> | Years of practice: |
|-------------------|--|--------------------|

References: (Please list two references)

| Name: | Address: (Number & Street) | City | State | Zip | Phone |
|-------|----------------------------|------|-------|-----|-------|
| | | | | | |
| | | | | | |

I hereby verify that the information on this license application is TRUE. I further acknowledge if I am licensing as an official, I am an independent contractor and I am not entitled to any benefits provided to State employees. 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.

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