



OKLAHOMA
State Athletic Commission

123 Robert S Kerr, Suit 1234
Oklahoma City, OK 73102
Tel. (405) 426-8035
Fax (405) 900-8383

Email: Boxing@health.ok.gov

www.ok.gov/osac

APPLICATION FOR PROFESSIONAL WRESTLING LICENSE
\$30.00 License Fee

Name: _____ Birthdate: ____/____/____
Address: _____ Ringname: _____
City: _____ State: _____ Zip Code: _____
Phone: (____) _____ Email: _____
Age: ____ Sex (check one): M ____ F ____ Height: ____ Weight: ____ Eye Color: ____ Hair Color: ____

- 1. Have you ever had a license denied or revoked by any state? Yes ____ No ____
- 2. Are you currently licensed as a professional wrestler in another state? Yes ____ No ____
- 3. Have you ever been licensed in Oklahoma? Yes ____ No ____
- 4. Is the Physical submitted signed by an MD or DO? Yes ____ No ____
- 5. Is your lab results for Hep B Surface Antigen, Hep C Antibody and HIV? Yes ____ No ____

Wrestler voluntarily and knowingly agrees to participate in professional wrestling events. **PROFESSIONAL WRESTLING EVENTS ARE DANGEROUS.** Professional wrestler hereby acknowledges he/she may suffer permanent physical injuries from professional wrestling, either in a single event or from participating in multiple events. Professional wrestler hereby releases the promoter, sponsors, and the State of Oklahoma, or any agent, representative or employee thereof, from any and all claims for liability, known or unknown at this time, arising from injuries, mental and physical, which may be sustained by professional wrestler during participation in a professional wrestling event(s). I certify that I have read the foregoing application for professional wrestling license, and that all the answers given are my own; that all the answers are true and correct to the best of my knowledge. I further understand and agree that any misstatement of fact in this application will constitute grounds for revoking this license.

UPDATE

The applicant shall send via mail or email to boxing@health.ok.gov the completed application, **a recent color photo** and **a form of photo governmental identification** (Driver's License, State ID, Passport, Student ID, Military ID). Non-U.S citizens are required to provide a copy of a current passport.

Applicant's Signature: _____ **Date:** _____

Commission Approval: _____ **Date:** _____

PROFESSIONAL WRESTLERS HEREBY AGREES TO HAVE HIS/HER PHYSICAL AND BLOOD WORK SENT DIRECTLY TO THE COMMISSION.

WRESTLING LICENSES EXPIRE ON JUNE 30TH.