



COMBAT SPORT LICENCE APPLICATION

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| <input type="checkbox"/> Amateur Contestant | <input type="checkbox"/> Professional Contestant | <input type="checkbox"/> Referee (Amateur Bouts) |
| <input type="checkbox"/> Referee (Professional Bouts) | <input type="checkbox"/> Timekeeper | <input type="checkbox"/> Promoter |
| <input type="checkbox"/> Judge | <input type="checkbox"/> Room Supervisor | <input type="checkbox"/> Corner Person |

Please check all boxes that apply.

ALL LICENSE APPLICANTS COMPLETE

Last Name	Age	Date of Birth (yyyy/mm/dd)
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First Name

Unit/Suite/Apt.	Street Number	Street Name
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City/Town/Municipality

Postal Code	Telephone Number
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How long have you lived at this address? If less than 3 years, list address(es) for past 3 years

Occupation and Employer

Contact name in case of emergency

Relationship	Telephone Number (include area code)
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Email Address

Do you have, or have you held, a valid combat sport (Boxing, MMA, Kick Boxing, etc.) related licence in any other jurisdiction?

Yes
 No
 If "Yes", provide details below.

Name of Issuing Authority

Contact for Issuing Authority	Phone	Email Address
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Type of License	Licence Number	Expiry Date (yyyy/mm/dd)	
Have you ever been disciplined by a combat sport authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide details below.			Date (yyyy/mm/dd)
Authority			
Allegation			
Result			
Have you ever been charged or convicted of a criminal offence in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide details below.			Date (yyyy/mm/dd)
Offence			
Result			
COMPLETE FOR CONTESTANT'S LICENCE ONLY			
Ring Name			
Height	Current Weight	Eye Colour	Natural Hair Colour
Are you currently a member of a combat sport club, gym or organization (Boxing, MMA, Kick Boxing, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide details below.			
Name of the Club(s), Gym(s), or Organization(s)		Address(es)	
In which combat sports are you seeking a licence? <input type="checkbox"/> MMA <input type="checkbox"/> Boxing <input type="checkbox"/> Kick Boxing <input type="checkbox"/> Other (please list)			
How many years have you been competing in a combat sport?			
List any certifications or awards received:			
List your contest record as an amateur:	Sport	Won / Lost / Draw	

List your contest record as a professional:	Sport	Won / Lost / Draw
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Date and location of every contest during past 12 months. (Include exhibition contests starting with most recent) (if space insufficient, attach list)	
Date (yyyy/mm/dd)	Location
Date (yyyy/mm/dd)	Location
Date (yyyy/mm/dd)	Location
Date (yyyy/mm/dd)	Location

Have you ever suffered a concussion? Please list the most recent and the severity.

Date of losses by T.K.O. or K.O. (yyyy/mm/dd)	Location of losses by T.K.O. or K.O. (yyyy/mm/dd)
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Do you have any financial interest in any corporation promoting combat sport in this Province or any other jurisdiction?
 Yes No If "Yes", provide details:

Does any promoter or corporation have any financial interest in your earnings as a fighter?
 Yes No If "Yes", provide details:

Date of last medical examination (yyyy/mm/dd)	Physician's Name
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Physician's Address

List injuries or illnesses since last medical examination

I hereby authorize the NB Combat Sport Commission or its representative to access any of my previous medical records. Further, I agree to submit to blood tests and urinalysis when requested and any medical examination, neurological/psychometric evaluation required in connection with this licence application and any contest during the currency of my licence.

Attachments required: 2 colour passport photos (50mm x 70mm)

Signature of applicant	Date (yyyy/mm/dd)
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COMPLETE FOR OFFICIAL'S LICENCE ONLY

Please check off the sports you are seeking license to officiate:

MMA Boxing Kick Boxing Other (please list)

Please list below your experience as an official and contestant in combat sport (Boxing, MMA, Karate, etc.).

Official:

Contestant:

List by date, subject study, and location of any courses, clinics etc. you have attended related to officiating.

Date (yyyy/mm/dd)	Subject study	Location
Date (yyyy/mm/dd)	Subject study	Location
Date (yyyy/mm/dd)	Subject study	Location
Date of last medical examination	Physician's Name	Physician's Address

I hereby authorize the NB Combat Sport Commission or its representative to access any of my previous medical records and I agree to submit to any medical examination in connection with this application or during the currency of any subsequent licence at the discretion of the Commission or its representatives.

I declare that I will not attend at an event under the influence of a substance that could impair my judgment in performing my official duties.

Signature of Applicant

Date (yyyy/mm/dd)

Attachment required: Optometrist or Ophthalmologist Report

COMPLETE FOR PROMOTERS LICENCE ONLY

If applicant is a corporate body, Legal Name:

Business Address and, if different, address of Head Office: Unit/St/Appt. Street No.

City/Town/Municipality: Postal Code:

Business Telephone Number:

If incorporated within the province, you must include a copy of your certificate of incorporation or copies of letters patent. If registered outside of New Brunswick, a copy of the certificate of registration is required.

If unincorporated, applicant must provide any legal name and operating name, the jurisdiction in which it is registered and mailing address.

Signature of applicant

Date (yyyy/mm/dd)

ALL LICENCE APPLICANTS COMPLETE

The personal information that you have provided to us to enable us to respond to your inquiry will only be used for that purpose. You will not be placed on any mailing lists, nor will your information be released to any third party, except as may be authorized by law. The authority for obtaining this information from you complies with Part 3 of Bill 89 of the *Right to Information and Protection of Privacy Act*.

I hereby authorize the NB Combat Sport Commission or its representative to transmit any information contained in this application, or in any document required to be filed herewith, to any authority connected to the regulation of combat sports. Further, I acknowledge that false, inaccurate or incomplete information provided in this application may be cause to refuse to issue, or cancel a licence at any time.

I also agree to adhere to the Code of Conduct established by the NB Combat Sport Commission.

Signature of Applicant

Date (yyyy/mm/dd)

Please submit your applications to:
c/o The NB Combat Sport Commission
Place 2000, 250 King Street
P.O. Box 6000
Fredericton, NB E3B 5H1