

Renewal Fee: \$20.00

**KENTUCKY BOXING AND WRESTLING AUTHORITY  
APPLICATION FOR RENEWAL OF LICENSE  
AS A WRESTLER**

In accordance with Kentucky law, applicants for license as a wrestler are required to be licensed annually by the Kentucky Boxing and Wrestling Authority. The renewal fee of this license is \$20.00, made payable to the *Kentucky State Treasurer*.

(Please Print in Ink) Complete this form entirely. DATE: \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (Home) \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_ Emergency \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Date Birth \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ Weight \_\_\_\_\_ lbs.

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Please check here if you would also like to purchase a certificate version of your license.  
Please include an additional \$10.00 for this certificate.

**PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS APPLICATION. INCOMPLETE FORMS ARE SUBJECT TO REJECTION AND WILL CAUSE A DELAY IN ISSUANCE OF THE LICENSE.**

**Describe your experience that would support your being granted renewal of your wrestler license. (Continue on a separate sheet if needed):** \_\_\_\_\_

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**Please list any names you wrestle under:** \_\_\_\_\_

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**Have you ever held a license to be a wrestler in Kentucky?** \_\_\_Yes \_\_\_No **License #** \_\_\_\_\_

**Have you ever been licensed to be a wrestler in another state(s)?** \_\_\_Yes \_\_\_No  
**License #** \_\_\_\_\_ **If yes, in what state(s)** \_\_\_\_\_

**Have you ever been convicted of a felony?** \_\_\_Yes \_\_\_No **If yes, please provide details.**

**Date** \_\_\_\_\_ **Offense** \_\_\_\_\_ **Court** \_\_\_\_\_ **Disposition** \_\_\_\_\_

**READ THE FOLLOWING VERY CAREFULLY:**

**I hereby certify that under penalty of perjury, all of 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 that I understand and will comply with the Kentucky Boxing and Wrestling Authority laws and regulations to which I am applying for licensure.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**PLEASE MAIL COMPLETED APPLICATION TO THE FOLLOWING ADDRESS:  
Kentucky Boxing and Wrestling Authority  
500 Mero Street  
Capital Plaza Tower, 5<sup>th</sup> Floor  
Frankfort, Kentucky 40601**