

Amateur Mixed Martial Arts Sanctioning Organization License Application

You can use this form to apply for a license to sanction amateur mixed martial arts events.

Send this completed form and any required attachments with a check or money order for **\$500**, payable to the Department of Licensing, to:

Department of Licensing PO Box 3856 Seattle, WA 98124-3856

For validation only		
Sanctioning organization – 21087		

Amateur mixed martial arts sanctioning organizations must attach proof of:

- having an established place of business that offers training in one or more of the mixed martial arts.
- having a minimum of three years total combined amateur or professional experience in at least three of the following areas: referee, promoter, judge, inspector, have an established place of business that offers training in one or more of the mixed martial arts.

Applicant						
PRINT or TYPE Name (Last, First, Middle)					
Business name			Washington Unified Business Identifier (UBI)			
Mailing address						
City	у		ZIP code County		County	
Physical address (if different)						
City		State ZIP code C		County		
(Area code) Business phone number	(Area code) Residence phone number	Email				
Business						
Type of business Sole proprietor Partne	ership Corporation Lin	mited liabil	ity compa	ny (LLC)		
	Corporation, attach a copy of	the partne	rship agre	ement or th	ne articles of incorp	oration.
Answer the following Are you the business owner?					∏ Ye	s 🗆 No
If a partnership, corporation,	or LLC, are you authorized to s	ign for the	business	?	Ye	s 🗌 No
	u or your business properly lice				∏ Ye	s 🗌 No

Authorized representatives

Changes to this list will not be accepted within 30 days prior to an event or exhibition.

1 Name (Last, First, Middle)		(Area code) Phone number				
Address		Email				
2 Name (Last, First, Middle)		(Area code) Phone number				
Address		Email				
3 Name (Last, First, Middle)		(Area code) Phone number				
Address		Email				
4 Name (Last, First, Middle)		(Area code) Phone number				
Address		Email				
5 Name (Last, First, Middle)		(Area code) Phone number				
Address		Email				
6 Name (Last, First, Middle)		(Area code) Phone number				
Address		Email				
Legal						
Answer the following Attach a letter of explanation for any "Yes" answer to the following questions. Include the charge, date of conviction, civil judgment or order, county jurisdiction, state, and disposition of charges.						
1. Have you been convicted of a crime, misdemeanor or felony, in this or any other state, by the federal government or by any other jurisdiction within the past ten years?						
2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment, in this or any other state, by the federal government or by any other jurisdiction?						
3. Has any professional or occupational license, certification, or permit held by you been fined, suspended, revoked, refused, or denied, in this or any other state, by the federal government or by any other jurisdiction?						
4. Have you ever had a civil court order, verdict, or judgment entered against you in any court of competent jurisdiction, in this or any other state, by the federal government or by any other jurisdiction?						
I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.						
	Title					
Date and place	Signature					

Providing false information in this application may be cause for the denial, suspension, or revocation of your license in the state of Washington. We may conduct a complete background investigation.

RCW 9A.72.085; 67.08; 67.08.002; 67.08.050; 67.08.055; 42.56.