



STATE OF RHODE ISLAND AND PROVIDENCE
PLANTATIONS

DEPARTMENT OF BUSINESS REGULATION
DIVISION OF COMMERCIAL LICENSING & RACING &
ATHLETICS

John O. Pastore Center
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ATHLETE LICENSE APPLICATION
\$5.00 FEE – YEAR _____

CHECK ONE: BOXER: _____ KICKBOXER: _____ WRESTLER: _____

NAME _____
(Print you full correct name)

RING NAME _____

ADDRESS _____

TELEPHONE _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

SOCIAL SECURITY # _____ PROOF OF IDENTITY _____

WEIGHT _____ HEIGHT _____

NAME OF YOUR MANAGER _____

IS YOUR MANAGER AUTHORIZED TO CONTRACT FOR YOUR APPEARANCE
OR SERVICES? YES _____ NO _____

NAME OF YOUR SECOND(S) _____

ARE YOU USING ANY MEDICATION OR DRUGS? IF YES, PLEASE EXPLAIN.

HAVE YOU EVER HAD A HEAD INJURY/CONCUSSION AT ANY TIME? IF YES,
PLEASE EXPLAIN. _____

HAVE YOU BEEN KNOCKED OUT ANYWHERE IN THE LAST MONTH? IF YES,
PLEASE EXPLAIN. _____

LIST OTHER STATES IN WHICH YOU EITHER HOLD OR HOLD A LICENSE.

HAVE YOU EVER HAD A LICENSE REVOKED BY ANY STATE OR
JURDISTRICTION? IF YES, PLEASE EXPLAIN. _____

HAS ANY PROMOTOR, ASSOCIATION OR CORPORATION HAVE ANY
FINANCIAL INTEREST IN YOUR EARNINGS AS A ATHLETE?
YES _____ NO _____

HAS APPLICANT ANY FINANCIAL INTEREST IN ANY CORPORATION OR
ASSOCIATION PROMOTING THIS SPORT IN THIS STATE OR ANY OTHER
STATE? YES _____ NO _____

APPLICANT'S SIGNATURE

DATE

WITNESS'S SIGNATURE

REVISED 7/22/08