



ARKANSAS STATE ATHLETIC COMMISSION
ARKANSAS DEPARTMENT OF LABOR AND LICENSING
 900 W Capitol, Suite 400, Little Rock, Arkansas 72201
 Phone 501-690-1295 TRS 800-285-1131

www.labor.arkansas.gov

APPLICATION FOR A COMBATIVE SPORTS LICENSE
PAYMENT MUST BE SUBMITTED WITH APPLICATION

All Information is required for Application Processing. Incomplete Applications will be returned.

License Type (Check all that Apply)			
License Type: <input type="checkbox"/> Announcer \$20.00 <input type="checkbox"/> Doctor(Comp) <input type="checkbox"/> Event Coordinator \$100.00 <input type="checkbox"/> Judge \$15.00 <input type="checkbox"/> Manager \$50.00			
<input type="checkbox"/> Matchmaker \$100.00 <input type="checkbox"/> Promoter \$100.00 <input type="checkbox"/> Referee \$25.00 <input type="checkbox"/> Second/Corner \$15.00 <input type="checkbox"/> Timekeeper \$15.00			
Applicant Information			
Last Name:		First Name:	Middle:
Mailing Address:		City:	State:
Street Address:		City:	Zip:
Phone:		Email Address:	
SSN/EIN/TIN:		Date of Birth:	Age:
Have you ever been suspended, licensed revoked, or disciplined by any Athletic, Boxing, or Combative Sports Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, give date and reason.</i>			
Do you have a financial or other interest in any Combative Sports Club, Company or other organization? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list the name and location of person or entity & describe interest.</i>			
Have you ever been issued a Combative Sports license by the State of Arkansas? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list the type of license and the dates of licensure.</i>			
Have you ever held a Combative Sports license in any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list jurisdiction(s), dates of licensure, & type of license held.</i>			
Have you ever tested positive (even if a 2 nd test was negative) for HIV or Hepatitis or Staph Infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe including dates and name of doctor or medical provider.</i>			
Act 820 (Check all that apply) Are you <input type="checkbox"/> or your spouse <input type="checkbox"/> a current member of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you <input type="checkbox"/> or your spouse <input type="checkbox"/> a veteran of the U.S. Military? <i>If yes, attach a copy DD214 or a armed services identification card.</i>			
Act 990: Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide date of conviction name of court and the type of conviction. (Do Not provide Court Documents or Sentencing Agreements)</i> Date of Conviction: Type of Conviction: Name of Court: Ending Date of Probation:			
Act 725: any applicant can request an initial license fee waiver if: (Check All Applicable Boxes) <input type="checkbox"/> Receives Assistance through the Arkansas Medicaid Program <i>(Provide copy of current enrollment)</i> <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) or the Special Supplemental Program for Women Infants and Children: <i>(Provide proof of current enrollment)</i> <input type="checkbox"/> Temporary Assistance for Needy Families Program or the Lifeline Assistance Program. <i>(Provide proof of enrollment)</i> <input type="checkbox"/> Approved for unemployment in the last twelve (12) months <i>(Provide proof of benefits from the Department of Workforce Services)</i> <input type="checkbox"/> Has an income that does not exceed two hundred percent (200%) of the federal poverty limit. <i>(Submit tax return for previous year)</i>			

HIPPA RELEASE/AUTHORIZATION

By signature below, I request health information regarding my medical care and treatment be released to the Arkansas State Athletic Commission (“ASAC”) for use in initial and continued licensure related to Combative Sports. I authorize the release and discussion of my entire medical record including alcohol/drug treatment, mental health information, neurological, HIV and other blood borne pathogen records, patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to or received by other health care providers (“Released Information”). I understand this release may be provided to any health care provider possessing the Released Information and the health care provider may rely upon this release in releasing the Released Information, otherwise protected and confidential under the provisions of the federal Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”). I further understand the Released Information may be redisclosed by ASAC and such redisclosure may no longer be protected by federal or state law. I understand I may revoke this authorization unless ASAC has already taken action pursuant to this authorization. If I wish to revoke this authorization, I may do so by mailing a revocation to the health care provider. I understand signing this release is voluntary, but a Combative Sports license will not be issued unless this release is signed.

Acknowledgement

Although precautions may be taken to ensure my safety, I fully understand and appreciate Combative Sports will expose me to a very high risk of incurring serious personal injury including, without limitation, brain damage, broken bones, bruising, loss of eyesight, neurological damage, permanent paralysis, and death (“Personal Injury”). I voluntarily and knowingly recognize, accept, and assume the risk of and responsibility for Personal Injury to myself resulting from my participation in Combative Sports. For my safety and the safety of others, I agree to abide by all instructions of the Event Officials and Event facilities, as well as, all applicable Commission Rules. I understand and agree medical or other service rendered to me by or at the request of the Commission or any other person at an Event is not an admission of liability nor does it obligate the continued provision of any such services. By signature below, I certify and declare under penalty of perjury: (i) I have read and understood the foregoing application; (ii) the information therein is knowingly and freely given by me; (iii) the information is true and correct; (iv) I have read or am familiar with ASAC’s current Combative Sports Rules; (v) if a license is issued by ASAC pursuant to this Application I will abide by all applicable laws and rules. Any license is a privilege not a right. If applying for an Amateur license, I certify I have never, directly or indirectly, received or competed for any purse exceeding the lesser of \$100 or the actual expenses incurred by me for training and traveling related to a contest and further certify I meet the definition of an Amateur under Commission Rules.

Applicant Signature:

Date:

Applicant Printed Name:

Internal Use Only:

Licensed Approved: Yes No if No, provide reason for denial.

Issue Date:

Approved by:

License #(s):

Act 725 Wavier Granted: Yes No **Act 725 Wavier Granted:** Yes No

Paid by: Check-Check #:

Credit Card



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