

Combatant License

Your application will not be processed or will be delayed unless you:

1. Complete this application. You **must** complete all sections including your Social Security number.
2. Sign the acknowledgment.
3. Submit the corresponding license fee.
4. Complete and submit all medical requirements.
5. Provide proof that you are at least 18 years of age.

Note: The department may request additional information necessary to determine an applicant's eligibility for a license, such as additional training, additional medical requirements, and personal interviews.

Applicant information (write in ink or type) – Write legibly

Select license type:		Amateur Combatant (\$35)	Professional Combatant (\$70)
Applicant's Social Security number:		Applicant's date of birth:	List previous MN-OCS license number(s):
Applicant's name (first, middle and last):			
Applicant's street address or P.O. box:			
City:	State	ZIP Code	Country, if other than United States:
Main phone number (including area code):			Other phone number:
Email address:			
Manager name (if any):		Manager phone number:	
Gym name:			

Acknowledgement

I understand and accept that, according to Minnesota Statutes Sections 341.27 and 326B.082, the Commissioner of the Minnesota Department of Labor and Industry may deny, revoke, suspend or limit this license if I knowingly and willfully made a false statement or provided false documentation in this application. I declare that all statements, documentation and medical information provided with this application are true and correct.

Applicant's signature

Date (month/day/year)

Data practices notice

The information you as an individual, or business entity, provide in this application will be used by the Department of Labor and Industry staff members to determine if you meet the license requirements. Before a license is issued to you, Minnesota Statute Section 270C.72, subd. 4, requires you to provide your Social Security number and, where applicable, your Minnesota Business Identification number on this application. The other information is required to process your application. Failure to provide the requested information may delay the processing of your application or may be grounds for denying your application. Under Minnesota Statute Section 13.41, the information you provide on this application, except for your name and address, is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, or for the purpose of verification and investigation. After you are licensed, the information you provide, except for your Social Security number and data otherwise protected, becomes public data and may be released to anyone upon request. Medical records of combatants collected by the Department of Labor and Industry as a part of this application or for other purposes under Minnesota Statutes, Chapter 341, may be provided to a prebout examining physician, a ringside physician, or the physicians assigned to a combatant's combative sport contest.

License fee

The Minnesota Office of Combative Sports does not accept any payments received through US Mail. By submitting this application, you are agreeing to have your license fee removed from your fight purse and/or the promoter has agreed to cover the cost of your license. Payment and/or purse removal must be approved by the promoter.

All licenses expire one calendar year from the date they were issued. A new license application must be submitted each year.

Contact information:

Please mail, fax, or email your application to:

Minnesota Department of Labor and Industry
Office of Combative Sports
443 Lafayette Road N.
St. Paul, MN 55155

Phone: 651-666-9415
Fax: 651-539-0269
Web: www.dli.mn.gov/ocs.asp
Email: combativesports.dli@state.mn.us