



Regional Municipality of Wood Buffalo
Combative Sports Commission

APPLICATION FOR AN OFFICIAL'S LICENCE (ANNUAL)

TYPE or PRINT in black or blue ink

1. Date of Application:	(YYYY-MM-DD)	2. Event Type:	MMA <input type="checkbox"/>	Kickboxing <input type="checkbox"/>
			Boxing <input type="checkbox"/>	

3. Licence Type:	
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APPLICANT INFORMATION

4. First Name:		5. Last Name:	
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6. Date of Birth:	(YYYY-MM-DD)
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7. Current Address:			
Apartment	Street No.	Street Name	
City	Province/State	Postal Code/ZIP	

8. Telephone & Email Information:	
Business	Home
Cellular	Fax
Email	

9. Previous Licenses:	
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10. Required Documents & Fees:	
a. Police Information Check	Attached: <input type="checkbox"/>
b. Valid government-issued identification	Attached: <input type="checkbox"/>

11. Declaration of Applicant:
<input type="checkbox"/> I declare that the information I have provided is truthful, complete and correct.

12. Signature of Applicant:	
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13. Commission Use Only:	Date Received (YYYY-MM-DD)	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Official's Licence No.
Licence Type	Licence expires on (YYYY-MM-DD)		
Comments	Commission Signature		



Regional Municipality of Wood Buffalo
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APPLICATION FOR AN OFFICIAL'S LICENCE (ANNUAL) INSTRUCTION GUIDE

1. **DATE OF APPLICATION:** This must be the date you submit your application, when completed, to the Regional Municipality of Wood Buffalo Combative Sports Commission.
2. **EVENT TYPE:** Please check the appropriate box matching the event in which you wish to participate.
3. **LICENCE TYPE:** Please indicate the type of Official's Licence you wish to apply for:
 - a. Referee
 - b. Judge
 - c. Timekeeper
 - d. Dressing Room Supervisor
 - e. Scorekeeper
 - f. Ring Physician
 - g. Medical Advisor
 - h. Knockdown Judge
 - i. Paymaster
 - j. Ringer General
 - k. Technical Advisor
 - l. Corner Supervisor
 - m. Event Inspector
4. **FIRST NAME:** Please list all your given names.
5. **LAST NAME:** Please list your legal last name.
6. **DATE OF BIRTH:** Please list your birthdate (YYYY-MM-DD).
7. **CURRENT ADDRESS:** Please list your current address, not a business or corporate address.
8. **TELEPHONE & EMAIL INFORMATION:** It is important that you complete all sections so that, if necessary, a member of the Commission can reach you in a timely manner.
9. **PREVIOUS LICENSES:** Please list any previous Official's Licenses you may have held in this or other jurisdictions.
10. **REQUIRED DOCUMENTS & FEES:**
 - a. A Police Information Check is required for the Applicant. The Police Information Check includes an RCMP criminal records check or a criminal records check from a police agency having jurisdiction in the country or region of the Applicant's permanent residence, dated within 30 days of the licence application.
 - b. An Applicant must provide valid government-issued identification to verify their identity, including full name, date of birth and current address.
11. **DECLARATION OF APPLICANT:** Please carefully read the statements provided in this Section. If you agree, please check off the box and place your initials below the box.
12. **SIGNATURE OF APPLICANT:** Please sign here once you have completed Sections 1 – 11.
13. **COMMISSION USE ONLY:** Please do not complete this section.

PLEASE MAIL YOUR FULLY COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTS TO:

**RMWB Combative Sports Commission
P.O. Box 30051 Clearwater PO
Fort McMurray, AB T9H 0B8**
