



APPLICATION FOR A SECOND'S LICENCE

TYPE or PRINT in black or blue ink

1. Date of Application:

(YYYY-MM-DD)

2. Licence Type:

MMA

Kickboxing

Boxing

APPLICANT INFORMATION

3. First Name:

4. Last Name:

5. Date of Birth:

(YYYY-MM-DD)

6. Event Date:

(YYYY-MM-DD)

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:

10. Name(s) of Contestant(s):

11. Required Documents & Fees:

a. Valid government-issued identification

Attached:

12. Declaration of Applicant:

I declare that the information I have provided is truthful, complete and correct.

13. Signature of Applicant:

14. Commission Use Only:

Date Received (YYYY-MM-DD)

Approved Not Approved

Contestant Licence No.

Licence valid on only on (YYYY-MM-DD)

Comments

Commission Signature



Regional Municipality of Wood Buffalo
Combative Sports Commission

APPLICATION FOR A SECOND'S LICENCE 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. **LICENCE TYPE:** Please check the appropriate box matching the event in which you wish to participate.
3. **FIRST NAME:** Please list all your given names.
4. **LAST NAME:** Please list all your legal last name.
5. **DATE OF BIRTH:** Please list your birthdate (YYYY-MM-DD).
6. **EVENT DATE:** Please list the Event Date on which you wish to apply as a Second.
7. **CURRENT ADDRESS:** Please list your current address, not a business or corporate address.
NOTE: All correspondence will go to this address unless you indicate your email address in Section 8. Indicating an email address will authorize all correspondence, including file and personal information, to be sent to the email address you specify.
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 Contestant or Applicant Licenses you may have held in this or other jurisdictions as a boxer, kick-boxer or Mixed Martial Arts fighter.
10. **NAME(S) OF CONTESTANT(S):** Please list the name(s) of all Contestants you wish to serve as a Second on the date of the Event.
11. **REQUIRED DOCUMENTS & FEES:**
 - a. An Applicant must provide valid government-issued identification to verify their identity, including full name, date of birth and current address.
12. **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.
13. **SIGNATURE OF APPLICANT:** Please sign here once you have completed Sections 1 – 11.
14. **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**
