



Regional Municipality of Wood Buffalo  
Combative Sports Commission

## APPLICATION FOR AN OFFICIAL'S LICENCE (ANNUAL)

TYPE or PRINT in black or blue ink

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

<b>3. Licence Type:</b>	
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### APPLICANT INFORMATION

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

<b>8. Telephone &amp; Email Information:</b>	
Business	Home
Cellular	Fax
Email	

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

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

<b>12. Signature of Applicant:</b>	
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<b>13. Commission Use Only:</b>	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		



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## APPLICATION FOR AN OFFICIAL'S LICENCE (ANNUAL) INSTRUCTION GUIDE

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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 E- MAIL YOUR FULLY COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTS TO:**

**RMWB Combative Sports Commission - [wbcmbativesports@gmail.com](mailto:wbcmbativesports@gmail.com)**

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