TEXAS DEPARTMENT OF LICENSING AND REGULATION
P.O. Box 12157 - Austin, Texas 78711-2157
1-800-803-9202 - (512) 463-5101 - FAX (512) 463-1087
www.license.state.tx.us - CS.Combative.sports@license.state.tx.us

COMBATIVE SPORTS SECOND LICENSE APPLICATION

PURSUANT TO TITLE 13, OCCUPATIONS CODE, CHAPTER 2052

RECEIPT NUMBER	EVENT CODE	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
		$20.00 All fees are non-refundable		

DO NOT WRITE ABOVE THIS LINE

You must submit this completed application to TDLR before performing in a Texas Combative Sports Event. You must attach a check or money order to this application.

1. Full Name:

_____ Last _____ First _____ Middle Initial _____ Suffix (JR, SR, III)

2. Date of Birth: _____ - _____ - _____

3. **Female** ☐ **Male** ☐

4. Do you have a Social Security Number (SSN)? **(check one)** ☐ **YES** ☐ **NO**

If yes, provide your SSN here: ___ ___ ___ – ___ ___ – ___ ___ ___ ___

Note: If you have a Social Security Number, Section 231.302 of the Texas Family code REQUORES all applicants to disclose their Social Security number (SSN) when filing an application. The SSN that is provided is confidential and is required to enforce Child Support orders.

5. Mailing Address : (USED FOR ALL CORRESPONDENCE)
(P.O. Box is allowed for this address.)

_____
Number, Street, Suite No., Apt. No. or P.O. Box

_____ City State Zip Code

(_____) _____ Area Code Phone Number

FAX Number:

(_____) _____

Email Address:

_____
E-mail Address (Ex: johndoe@aol.com)

6. **Have you ever been convicted of a criminal offense or been placed on deferred adjudication?** ☐ Yes ☐ No
(Include all felonies and misdemeanors other than traffic tickets.) If YES, attach a "Criminal History Questionnaire" to this application. A Criminal History Questionnaire may be found at www.license.state.tx.us/sports/sportforms.htm

Have you ever had an occupation license, certification or registration suspended, revoked or denied in any state? ☐ **Yes** ☐ **No** Please note this is not referring to a driver's license, but rather any type of work-related license, certification Or registration. If Yes, submit a "Disciplinary Action Questionnaire" with this application.

Do you have a direct or indirect financial interest in the management of a contestant, manager or sanctioning body? ☐ **Yes** ☐ **No** **If Yes, explain**_____

_____

STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable provisions of the Combative Sports Title 13 Texas Occupations Code, Chapter 2052 and Chapter 61 Texas Administrative Code, Combative Sports Administrative Rules.

I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties. I also agree to furnish to the Texas Department of Licensing and Regulation any change in information provided on this form with THIRTY (30) days of change.

Signature of Applicant_____ **Date Signed**_____