



Apply for a Mixed Martial Arts National Identification Card.

Mail this completed form to:

Combative Sports Program
Department of Licensing
PO Box 9026
Olympia, WA 98507-9026

Or email to: DOLCombativeSports@dol.wa.gov

For questions or language help call: (360) 664-6644

Department Use Only
ID number
Date issued
Issuing commission
Expiration date

Applicant information

Form with fields for: First name, Last name, Middle name, Date of birth, Social Security number, Address, City, State/Province, ZIP code, Height, Weight, Color of hair, Eye color, Also known as, Home Phone number, Email, Birthmarks, scars, or tattoos

Terms and conditions

- 1. Birth name must be used in top name field.
2. National MMA ID Card will not be issued unless an accurate and truthful application form is completed in its entirety.
3. Two color (passport style) photos must be submitted with the completed application form.
4. Two forms of identification must be presented at the time of application and must include a color photo of the applicant.
5. Applicant understands that he/she will not be allowed to compete without a National MMA ID Card.
6. Applicant understands that the ABC in cooperation with the issuing Commission will settle any and all disputes with regards to violations of these terms and conditions for the National MMA ID Card.
7. Applicant agrees to abide by these and any other terms and conditions, rules and regulations set forth by the ABC and the issuing Commission.
8. Applicant understands and agrees that the ABC reserves the right to amend the terms and conditions for issuing the National MMA ID Card.

Certification

I certify that I have read and understand the terms and conditions pertaining to the application for a National MMA ID Card, that all information given is my own, is true and correct to the best of my knowledge. I further understand and agree that any false, misstatements or incomplete information on the application will constitute grounds for revoking or denial of the National MMA ID Card, and subject me to a one year suspension at the discretion of the ABC or issuing Commission.

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Signature line with 'X' and 'Applicant signature' label

Date and place