

## Combative Sports Certification of Official

An individual wishing to be approved, or maintain his/her license, shall provide annual proof of certification as having adequate experience, skill, and training from an organization approved by the Department. (RCW 67.08.100)

When completed, send this form to:

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

or fax to (360) 570-4956

I certify that I have assessed the experience and skill of \_\_\_\_\_  
Name of individual

and this individual has adequate experience, skill, and training to be licensed in Washington State to perform in the following official capacity for professional or amateur combative sporting events.

Official capacity	Event type	Date training completed	Name of instructor
Referee	<input type="checkbox"/> Pro boxing		
	<input type="checkbox"/> Pro martial arts		
	<input type="checkbox"/> Amateur mixed martial arts		
Judge	<input type="checkbox"/> Pro boxing		
	<input type="checkbox"/> Pro martial arts		
	<input type="checkbox"/> Amateur mixed martial arts		
Timekeeper	<input type="checkbox"/> Pro boxing		
	<input type="checkbox"/> Pro martial arts		
	<input type="checkbox"/> Amateur mixed martial arts		
Inspector	<input type="checkbox"/> Pro boxing		
	<input type="checkbox"/> Pro martial arts		
	<input type="checkbox"/> Amateur mixed martial arts		

Describe in detail your assessment of the above individual's skills, experience, and abilities to perform these duties, and provide specific examples:

**PRINT or TYPE** Certifying organization name

Address

City

State

ZIP Code

(Area code) Telephone number

**PRINT or TYPE** Name of authorized representative

Signature of authorized representative

**X**

Date