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Michigan Department of Licensing and Regulatory Affairs Corporations, Securities & Commercial Licensing Bureau Schools and Licensing Section P.O. Box 30018, Lansing, MI 48909 517-241-9221 www.michigan.gov/ucc

FOR OFFICE USE ONLY Approved By:
Date Approved:
License Number

## APPLICATION FOR CONTESTANT LICENSE OR RELICENSURE

AUTHORITY: 2004 PA 203, MCL 338,3434(A), AND 42 USC 654

ENALTY: FAILURE TO P				AL OF THE APPL	CATION AND/OR DISCIP	PLINARY A	ACTION.
Name (First, Midd	e, Last)						
Date of Birth		U.S. Social S	Security Number	Federal/National ID # (if applicab		able)	Permanent ID # (if applicable)
Address					City		
State Zip Coo		de Telephone Nur		E-Mail Address			
	FEE P	AYMENT INF	ORMATION (Chec	k One Box)			FOR OFFICE USE ONLY - VALIDATION
Professional MN	IA						
New License \$	90.00	(1514-01=\$45 (1514-07=\$45		ure \$120.00	(1514-06=\$120.00)	)	
New License + N	ational ID 110.00	(1514-01=\$45.) (1514-07=\$45.) (1514-52=\$20.)	00)	ID Card \$20.0	0 (1514-52=\$20.00)		
Professional Bo	xing						
New License \$5	90.00	(1502-01=\$45 (1502-07=\$45	,	sure \$120.00	(1502-06=\$120.00)		
New License + Fo	ederal ID 10.00	(1502-01=\$45 (1502-07=\$45 (1502-52=\$20	5.00)	I ID Card \$20	00 (1502-52=\$20.00)		
Amateur MMA							
New License	\$90.00	(1504-01=\$45 (1504-07=\$45	•	sure \$120.00	(1504-06=\$120.00)		
New License + N \$1	ational ID 10.00	(1504-01=\$45. (1504-07=\$45. (1504-52=\$20.	.00)	I ID Card \$2	0.00 (1504-52=\$20.00)		
Reinstatment: (Only	if licens	e is currently s	uspended or revoked	d)			
Professional MM	A \$45.00	(1514-50=\$45	.00) Professiona	l Boxing \$45.0	00 (1502-50=\$45.00)		
Amateur MMA	\$45.00	(1504-50=\$45	5.00)				
Make your check of	or money	order in U.S.	Currency payable	to:			
		STATE	OF MICHIGAN				
	FEES	ARE AUTHO	RIZED UNDER 20	04 PA 403, a	as amended.		

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I hereby certifiy that			has passe	ed a physical on		_ consistent with
M 1 1 1 O 1 4 D		icant's Name			Date	
the Unarmed Combat R	egulatory Act and Rule	s, 2004 PA 403,	as amended, and is r	it to compete.		
Signature of licensed ph	nysician.					Date
Printed name of above	signature					
Required Additional D	ocumentation					
CHECK ONE OF THE	FOLLOWING (if applic	cable):				
Boxing - Professi	onal					
If applying for an a	Association of Boxing Cation:	Commissions Box	ker federal ID number	r, you will need to s	ubmit a copy of ar	ny of the
<ul><li>Driver's</li></ul>	license					
● State/pro	ovince issued identifica	tion				
● Birth cer	tificate					
OR						
MMA - Amateur a	nd Professional					
	Association of Boxing Cification with at least or		ed Martial Arts nation	al ID number, you	will need to submi	t a copy of
Driver's li	icense					
<ul><li>Governm</li></ul>	ent issued passport					
● State/pro	vince issued identificat	ion				
	hotos, or if applying in with the application or				ur picture will be t	aken. Photos
AND						
If you checked one complete the follow	e of the boxes above a	nd are applying f	for either a Boxer fede	eral ID number or a	MMA national ID	number
Height	Weight	На	air Color	Eye	Color	
Birthmarks/Scars/Tatto	os	<u> </u>		Star	ice	
					Right	OR Left
Pro Experience Record			Amatuer Experie	ence		
	WinsLoss	es		Wir	nsLosses	
Place of Birth: Country,	City, State					
Certification						
I certify that the statem may be cause for denia obtain my social securit	al of my application, dis	sciplinary action,	or may be punishab			
Signature						Date