



**New Brunswick
Combat Sport Commission**

**La Commission des sports de
combat du Nouveau-Brunswick**

OFFICIALS LICENSE APPLICATION

Referee

Timekeeper

Judge

Room Supervisor

Last Name			Age	Date of Birth (yyyy/mm/dd)
First Name				
Unit/Suite/Apt.	Street Number	Street Name		
City/Town/Municipality				
Postal Code	Telephone Number			
How long have you lived at this address? If less than 3 years, list address(es) for past 3 years				
Occupation and Employer				
Contact name in case of emergency				
Relationship		Telephone Number (include area code)		
Email Address				
Do you have, or have you held, a valid combat sport (Boxing, MMA, Kick Boxing, etc.) related licence in any other jurisdiction?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide details below.				
Name of Issuing Authority				

Contact for Issuing Authority	Phone	Email Address
Type of License	Licence Number	Expiry Date (yyyy/mm/dd)
Have you ever been disciplined by a combat sport authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide details below.		Date (yyyy/mm/dd)
Authority		
Allegation		
Result		
Have you ever been charged or convicted of a criminal offence in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide details below.		Date (yyyy/mm/dd)
Offence		
Result		

Please check off the sports you are seeking license to officiate:

MMA Boxing Kick Boxing Other (please list)

Please list below your experience as an official and contestant in combat sport (Boxing, MMA, Karate, etc.).

Official:

Contestant:

List by date, subject study, and location of any courses, clinics etc. you have attended related to officiating.

Date (yyyy/mm/dd)	Subject study	Location
Date (yyyy/mm/dd)	Subject study	Location
Date (yyyy/mm/dd)	Subject study	Location
Date of last medical examination	Physician's Name	Physician's Address

Attachment required: Optometrist or Ophthalmologist Report for Judge and Referee Only.

The personal information that you have provided to us to enable us to respond to your inquiry will only be used for that purpose. You will not be placed on any mailing lists, nor will your information be released to any third party, except as may be authorized by law. The authority for obtaining this information from you complies with Part 3 of Bill 89 of the Right to Information and Protection of Privacy Act.

I hereby authorize the NB Combat Sport Commission or its representative to access any of my previous medical records and I agree to submit to any medical examination in connection with this application or during the currency of any subsequent licence at the discretion of the Commission or its representatives.

I declare that I will not attend at an event under the influence of a substance that could impair my judgment in performing my official duties.

I hereby authorize the NB Combat Sport Commission or its representative to transmit any information contained in this application, or in any document required to be filed herewith, to any authority connected to the regulation of combat sports. Further, I acknowledge that false, inaccurate or incomplete information provided in this application may be cause to refuse to issue, or cancel a licence at any time.

I also agree to adhere to the Code of Conduct established by the NB Combat Sport Commission.

Signature of Applicant

Date (yyyy/mm/dd)

Please submit your applications to:
c/o The NB Combat Sport Commission

P.O. Box 8056,
Dieppe, NB E1A 9M7