## Fee: \$25.00

TYPE OF LICE	NSE SOUGHT (please circle one): Contestant Manager Second Matchmaker
APPLICANT	
CURRENT ADDRESS	Last Name Given Name(s) Alias (if applicable)
MAILING ADDRESS	Number & Street Apt. # City/Town Postal Code   • as above or • • •
CONTACT NUMBERS	
	HomeWorkEmail Address
PERSONAL	Image:
GOVERNMEN ISSUED ID	Γ Γ 
	Master Number (Attach a legible copy of the front and back of the identification card)
WAIVER	I, the undersigned, fully understand and agree that, in the event that I participate in any contest in the Province of Nova Scotia, I shall submit to a post-fight urinalysis test to be conducted by the Nova Scotia Combat Sports Authority Medical Advisor, or a medical doctor approved by the Authority.
	Date Applicant Signature (Contestant)
AGREEMENT	I, the undersigned, fully understand that to the best of my knowledge and belief, the information contained in the application is true and accurate. I understand that to submit a license application containing false or inaccurate information is a violation of the Nova Scotia Combat Sports Authority Act and may result in revocation of the license, the imposition of a fine or both, at the discretion of the Authority.
	Date Applicant Signature
I, the undersigned, fully understand and agree that the Nova Scotia Combat Sports Authority may from time to time disclose my personal information (including, but not limited to medical information and the information contained in this application form) to other combat sports authorities as may reasonably requested by such authorities. Furthermore, I understand and agree that my full name and the status of my license may be disclosed to the public, and may be posted on the Nova Scotia Combat Sports Authority website	
	Date Applicant Signature
NOVA SCOTIA COMBAT SPORTS AUTHORITY USE ONLY	
Fee Paid?	Y N Comment:
Approval Grante	d? Y N Comment:
Date	Secretary-Treasurer - NSCSA Chairman - NSCSA