Nova Scotia Combat Sports Authority APPLICATION FOR A PARTICIPANTS LICENSE

741 Bedford Highway Halifax, NS B3M 2M1 phone: 902 457-0413 phone: 902-869-3696

fax: 902 484-6937

Fee: \$50.00 For Contestant \$25.00 for Manager, Seconds and Matchmaker

TYPE OF LICE	NSE SOUC	GHT (please o	eircle one):	Contestant M	Aanager	Second	Matchma	ker		
APPLICANT	Last Nam			Cina Nama(a)		Alian (if a				
CURRENT ADDRESS	Last Nan		A 4 - II	Given Name(s)		Alias (if a				
MAILING ADDRESS	Number ○ as above		Apt. #	City/Town		Post	al Code			
CONTACT NUMBERS	() Home	-	() Work	-	Email A	<u>ddress</u>				
PERSONAL	DOB:	/ Day/ Mor	/ nth /Year	Birthplace (To	own/City/	Prov/State	/Country)			
GOVERNMENT ISSUED ID				 copy of the front a	and back o	of the identi	fication care	d)		
WAIVER	Nova Sco	tia, I shall su	bmit to a pos	l and agree that, in st-fight urinalysis edical doctor appr	test to be o	conducted l	by the Nova			
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						
personal information other combat spo	ntion (inclu- orts authoring the and the	ding, but not ties as may re	limited to measonably rec	e Nova Scotia Coredical information quested by such an be disclosed to the	n and the inuthorities.	nformation Furthermo	contained in re, I understa	n this appli and and ag	cation form) to ree that my full	ts
	Date			Applicant Signatu	ure					
		NOVA SO	COTIA CO	OMBAT SPORT	TS AUTH	ORITY U	JSE ONLY	<i>Y</i>		
Fee Paid?	•	Y N	Commen	t:						
Approval Grante	d?	Y N	Commen	t:						
Date	<u></u>	Secretary-Tr	easurer - N	SCSA Chairn	nan - NSC	SA		-		