



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

COMBATIVE SPORTS MANAGER LICENSE APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. NAME - Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
2. DATE OF BIRTH - Provide your birth date.
3. GENDER - Indicate whether you are male or female.
4. SOCIAL SECURITY NUMBER - Social security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#).
5. FOREIGN NATIONAL PASSPORT NUMBER - Applicants that are foreign nationals, must provide their passport number.
6. MAILING ADDRESS - Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can use the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
7. PHONE NUMBER - Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
8. EMAIL ADDRESS - Provide your email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
9. CRIMINAL HISTORY - Indicate if you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense. If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a [Criminal History Evaluation Letter \(PDF\)](#), a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$10.00 fee.
10. DISCIPLINARY ACTION HISTORY - Indicate if you have ever had an occupational license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach the [Disciplinary Action Questionnaire \(PDF\)](#) for each disciplinary action.
11. DO YOU HAVE A DIRECT OR INDIRECT FINANCIAL INTEREST - Check YES or NO to indicate if you have any type of financial interest in management of a contestant, or sanctioning body. If YES, attach a full explanation to your application.
12. STATEMENT OF APPLICANT - Carefully read the statement before you sign and date your application.

APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the [Military Service Member, Military Veteran or Military Spouse Supplemental Application \(PDF\)](#) and attach it with your license application.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the [TDLR Military](#) page.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, visit the [TDLR website](#) or reach Customer Service via [Webform](#). The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

TDLR Public Information Act Policy:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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Do Not Write Above This Line

YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

APPLICATION FEE: \$100 (FEE IS NON-REFUNDABLE)

1. Name:

_____ Last _____ First _____ Middle Name _____ Suffix (JR, SR, III)

2. Date of Birth:

_____ - _____ - _____
Month Day Year

3. Gender:

Male Female

4. Social Security Number:

(See instruction sheet for disclosure information)

5. Foreign National Passport Number:

(Foreign nationals must provide their passport number)

6. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (A PO box is allowed for this address)

_____ Street, Number, Suite Number

_____ City _____ State _____ Zip Code

7. Phone Number:

_____ Area Code Phone Number

8. Email Address:

_____ (Ex: johndoe@aol.com) See instruction sheet for disclosure information)

9. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?

Yes No

If YES, complete and attach a Criminal History Questionnaire for each offense.

See instruction sheet for more information

10. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state?

Yes No

If YES, attach a Disciplinary Action Questionnaire to this application. (This does not include your driver license.)

11. Do you have a direct or indirect financial interest in the management of a contestant, or sanctioning body? Yes No If YES, attach a full explanation.

12. STATEMENT OF APPLICANT

I certify that all information is true and correct. I understand that providing false information on this application may result in sanctions up to and including denial or revocation of the license I am requesting, and in the imposition of the administrative penalties. I will comply with all applicable provisions of Chapter 51 and Chapter 2052, Texas Occupations Code, and Texas Administrative Code Title 16, Chapters 60 and 61. I understand that this license is not transferable. If the license is issued, I agree to furnish to the Texas Department of Licensing and Regulation any change in information provided on this form within thirty days of the change.

_____ Applicant Signature

_____ Date Signed