



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

(512) 539-5722 • FAX (512) 463-1087

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ADVANCE NOTICE

Request for approval of cards must be received by the Department in writing at least ten (10) days prior to the date of the contest. The request must contain: (1) full legal name of contestant, (2) address of contestant, (3) contestant's date of birth, (4) contestant's Texas license number, (5) contestant's Federal ID number (if applicable), (6) number of rounds to be fought and (7) a copy of current Fight Fax showing previous record (if applicable). Information for the weigh-in must be included with this notice.

Date:

Promoter's Name:	License #:
Promoter's Phone #:	Promoter's Email:
(Area Code) Phone Number	
Promoter's Representative Name:	Representative's Email:
Representative's Phone #:	
(Area Code) Phone Number	

You are hereby notified that the following contestants have agreed to appear at:

ARENA NAME AND ADDRESS:

Arena Name, Street Number, Street Name, Suite Number, City, State, Zip Code

on the		day of		20		at		am.	pm.
TV Broadcast:	Yes	No	Broadcast Company:						
Is this a championship fight?	Yes	No	If yes, give name of Sanctioning Body and Title.						
Name of Sanctioning Body				Title					

WEIGH-IN INFORMATION

Date:	Time:	Location Name:
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STREET ADDRESS:

Street Number, Street Name, Suite Number, City, State, Zip Code

MAIN EVENT

Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth:		Date of Birth:
TX License #:		TX License #:
Federal ID #:		Federal ID #:
Record:		Record:

BALANCE OF CARD

Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth:		Date of Birth:
TX License #:		TX License #:
Federal ID #:		Federal ID #:
Record:		Record:

Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth:		Date of Birth:
TX License #:		TX License #:
Federal ID #:		Federal ID #:
Record:		Record:

Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth:		Date of Birth:
TX License #:		TX License #:
Federal ID #:		Federal ID #:
Record:		Record:

Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth:		Date of Birth:
TX License #:		TX License #:
Federal ID #:		Federal ID #:
Record:		Record:

BALANCE OF CARD		
Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth:		Date of Birth:
TX License #:		TX License #:
Federal ID #:		Federal ID #:
Record:		Record:
Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth:		Date of Birth:
TX License #:		TX License #:
Federal ID #:		Federal ID #:
Record:		Record:
Legal Name:	VS	Legal Name:
Address:	() Rnds	Address:
Date of Birth:		Date of Birth:
TX License #:		TX License #:
Federal ID #:		Federal ID #:
Record:		Record:
<p align="center">Substitutes will not be permitted without prior permission from Department Representative.</p>		
<p>I do hereby certify that the foregoing information is accurate and true, to the best of my knowledge, and that all contests are made on the basis of equal ability and all contestants have been made aware of the requirements for licensing and are not currently under any suspension.</p>		
Promoter/Promoter's Representative		Date
<p align="center">OFFICIALS WILL BE ASSIGNED BY THE TEXAS DEPARTMENT OF LICENSING AND REGULATION. ALL CONTESTANTS MUST BE LICENSED SEVENTY-TWO HOURS BEFORE THE EVENT. INSURANCE REQUIREMENTS MUST BE MET AT LEAST TEN CALENDAR DAYS BEFORE THE EVENT.</p>		