



# TEXAS DEPARTMENT OF LICENSING AND REGULATION

*Compliance Division/COMBATIVE SPORTS PROGRAM*

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**AMATEUR  
CONTESTANT INFORMATION  
MUST BE PRESENTED PRIOR TO WEIGH-IN**

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**CONTESTANT NAME**

**HOMETOWN**

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**CONTESTANT ID#  
(EXP. DATE)**

**DATE OF BIRTH**

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**WEIGHT**

**HEIGHT**

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**SECOND NAME**

**SECOND TX LICENSE #  
(EXP. DATE)**

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**SECOND NAME**

**SECOND TX LICENSE #  
(EXP. DATE)**

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**SECOND NAME**

**SECOND TX LICENSE #  
(EXP. DATE)**

**I CERTIFY UNDER PENALTY OF PERJURY, THAT I HAVE NOT SUFFERED ANY INJURY OR ILLNESS IN THE LAST "60" DAYS INCLUDING BEING KNOCKED UNCONSCIOUS OR INJURED IN THE GYM.**

**I CERTIFY UNDER PENALTY OF PERJURY, THAT I HAVE NOT PARTICIPATED IN ANY COMBATIVE SPORTS EVENT, FOR PROFIT OR AS PROFESSIONAL.**

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**CONTESTANT'S SIGNATURE**

**DATE**