



TEXAS DEPARTMENT OF LICENSING & REGULATION

Regulatory Program Management Division • PO Box 12157 • Austin, Texas 78711 • (512) 463-6599

CONTESTANT INFORMATION MUST BE PRESENTED PRIOR TO WEIGH-IN PROFESSIONAL

B

CONTESTANT NAME

CONTESTANT TX LICENSE #

(EXP. DATE)

CONTESTANT MMA ID#

DATE OF BIRTH

(EXP. DATE)

B

SECONDS NAME

DATE-OF-BIRTH

(VERIFIED BY PHOTO ID)

B

SECONDS NAME

DATE-OF-BIRTH

(VERIFIED BY PHOTO ID)

B

SECONDS NAME

DATE-OF-BIRTH

(VERIFIED BY PHOTO ID)

B

SECONDS NAME

DATE-OF-BIRTH

(VERIFIED BY PHOTO ID)

INITIAL



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.

INITIAL



I ACKNOWLEDGE THE ABOVE SECONDS ARE THE ONLY AUTHORIZED INDIVIDUALS ALLOWED IN MY DRESSING ROOM AND CORNER.

CONTESTANT'S SIGNATURE

DATE