



# 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 AMATEUR

\_\_\_\_\_ **B**  \_\_\_\_\_  
**CONTESTANT NAME** **HOME TOWN**

\_\_\_\_\_ **CONTESTANT MMA ID#** **DATE OF BIRTH**  
(EXP. DATE)

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**SECONDS NAME** **DATE-OF-BIRTH**  
(VERIFIED BY PHOTO ID)

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**SECONDS NAME** **DATE-OF-BIRTH**  
(VERIFIED BY PHOTO ID)

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**SECONDS NAME** **DATE-OF-BIRTH**  
(VERIFIED BY PHOTO ID)

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**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**