



## Trainer License Application

Full Name: \_\_\_\_\_ Chief or Assistant  
(circle one)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Gym or Studio Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Gym Phone Number: \_\_\_\_\_

Gym Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Number of Years in the Business: \_\_\_\_\_

I Train: Amateur Fighters      Professional Fighters      Both Amateur and Professional Fighters  
(circle one)