



# 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

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<b>CONTESTANT NAME</b>	<b>CONTESTANT TX LICENSE #</b> (EXP. DATE)
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<b>CONTESTANT ID#</b> (EXP. DATE)	<b>DATE OF BIRTH</b>
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<b>SECONDS NAME</b>	<b>DATE-OF-BIRTH</b> (VERIFIED BY PHOTO ID)
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<b>SECONDS NAME</b>	<b>DATE-OF-BIRTH</b> (VERIFIED BY PHOTO ID)
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<b>SECONDS NAME</b>	<b>DATE-OF-BIRTH</b> (VERIFIED BY PHOTO ID)
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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**