



PA DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
2601 North Third Street
Harrisburg, PA 17110

COMMONWEALTH OF
PENNSYLVANIA

APPLICATION FOR

DATE _____

(STATE KIND OF LICENSE WANTED)
LICENSE

LICENSE NO. _____

SCHEDULE OF FEES		READ INSTRUCTIONS CAREFULLY	
Announcer \$20.00	Promoter \$100.00	Payment must be by check or money order made payable to the Commonwealth of Pennsylvania. Send to: State Athletic Commission 2601 North Third Street Harrisburg, PA 17110	
Judge 35.00	Referee 35.00		
Manager 60.00	Second 20.00		
Matchmaker 50.00	Timekeeper 25.00		
Physician 40.00	Trainer 20.00		

EACH APPLICANT SHOULD ANSWER THE FOLLOWING

PLEASE PRINT CLEARLY

SOCIAL SECURITY NO. _____

Name of Applicant _____
(FULL NAME) (PHONE NO.)

Address _____
(NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)

Place of Birth _____ Date of Birth _____ Age _____

Occupation _____ Employer _____

Have you ever been Arrested for Violating the Laws of Pennsylvania or any other State? _____

If Yes, state Where and Give details _____

Have you been licensed before by this Commission? Yes No If yes, when? _____

Are you licensed by any other Commission? Yes No If yes, which Commission? _____

Have you ever been Penalized by any Athletic Commission? Yes No

If yes, state where and give circumstances: _____

Have you any financial interest in the promotion of professional or amateur sports or any pro/amateur boxer in this or any other state? Yes No

If yes, give details: _____

Applicants for license as promoter, manager or physician should answer questions under proper heading below

PROMOTER - SEE ATTACHMENT

Name of Club under which you wish to promote _____

Address _____
(NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)

MANAGER

How long have you managed Boxers? _____

Has anyone a financial interest in your earnings? Yes No _____

If yes, give details _____

Give name, address and weight class of Boxers under your managerial control:

NAME	CITY, STATE	WEIGHT CLASS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have an exclusive right as a manager of all Boxers listed in this application? Yes No

If no, give names and addresses of others interested financially or otherwise:

_____	_____
Name	City, State
_____	_____
Name	City, State

PHYSICIAN

Graduate of _____ Medical School Year _____

Number of Years in active practice _____ Have you treated sport injuries? _____

Are you currently licensed to practice medicine in Pennsylvania? Yes No

Pennsylvania Physician's License # _____

The undersigned hereby affirms that the statements made herein are true and correct to the best of my information, knowledge and belief and are made subject to the penalties prescribed for perjury set forth in 18 PA Consolidated Statutes, section 4904, relating to unsworn falsification to authorities.

By: _____
APPLICANT'S SIGNATURE