



**PA DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
2601 North 3rd Street
Harrisburg, PA 17110
Phone 717-787-5720
Fax 717-783-0824**

**COMMONWEALTH OF
PENNSYLVANIA**

**APPLICATION FOR
BOXER-MMA-Professional**

LICENSE
Fee \$22.00

DATE : _____
LICENSE NO. _____
FEDERAL I.D. # _____

READ INSTRUCTIONS CAREFULLY

Two photographs must accompany application.

Payment must be made by check or money order made payable to the Commonwealth of Pennsylvania.

Send to: State Athletic Commission
2601 North 3rd Street
Harrisburg, PA 17110

EACH APPLICANT SHOULD ANSWER THE FOLLOWING

PLEASE PRINT CLEARLY

SOCIAL SECURITY NO. _____

Name of Applicant _____
(LAST) (FIRST) (PHONE NO.)

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

Ring Name _____

Place of Birth _____ Date of Birth _____ Age _____

Boxers Current Record: _____, _____, _____ Name of Gym or Club where you train: _____

Date of Last Bout: _____ Result of Last Bout: _____ Location of last Bout: _____

Occupation _____ Employer _____

Normal Weight _____ Ring Weight _____ Hair color _____ Eye Color _____

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 currently licensed by any other Athletic Commission? Yes _____ No _____

If YES, which Commissions? _____

Are you currently under any type of suspension from any commission? Yes _____ No _____

If YES, give details _____

Have you any financial interest in the promotion of professional sports in this or any other state? Yes _____ No _____

If yes, give details _____

Are you currently under any type of boxer/manager contract? Yes_____No_____

If YES, list name of manager _____
NAME OF MANAGER CITY/STATE WHERE CONTRACT WAS FILED

Do you have any type of Personal Service Contract? Yes_____ No_____

If YES, list name _____
PERSON/ORGANIZATION CITY/STATE WHERE CONTRACT WAS FILED

HIV/Hep. B/C TEST

Date of last exam _____ Location of Exam _____

Is your **negative** test attached to this form? Yes_____ No _____

Do you understand the HIV/AIDS Disease and the testing procedures that were done? Yes_____ No_____

Would you like more information about the HIV/AIDS virus? Yes_____ No_____

ATHLETIC COMMISSION HIV/AIDS REGULATIONS:

The PA State Athletic Commission will not accept this application unless it is accompanied by a **negative HIV, Hepatitis B, Surface Antigen and Hepatitis C tests**. These tests must have been completed within (6) months from the date on this application.

ATHLETIC COMMISSION DRUG ABUSE REGULATIONS:

The Pennsylvania State Athletic Commission may require each boxer to submit to a drug screening test through urine analysis.

If any boxer is detected to have used drugs and this is confirmed by a second drug test, the findings will be reviewed by the Commission for determination of sanctions. Note: Refusal of a drug test will result in a suspension.

** Boxers are covered by INSURANCE while competing in this state. Ask the Commission for further details.

The undersigned hereby affirms that the statements made herein are true and correct to the best of my information, knowledge and belief. I understand that any false statement is made subject to the penalties set forth in 18 PA C. S. section 4904, relating to unsworn falsification to authorities and may also result in the suspension or revocation of my license. I do authorize the Pennsylvania Athletic Commission to release any and all of my medical records to any other state or tribal commission upon request of that commission.

By: _____
APPLICANT'S SIGNATURE