



**PA DEPARTMENT OF STATE  
STATE ATHLETIC COMMISSION  
2601 North 3<sup>rd</sup> Street  
Harrisburg, PA 17110**

**COMMONWEALTH OF  
PENNSYLVANIA**

**APPLICATION FOR  
BOXER-MMA-Amateur**

**LICENSE  
Fee \$10.00**

**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 3<sup>rd</sup> 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: \_\_\_\_\_

Name of trainer: \_\_\_\_\_

Other than MMA events, have you ever competed in any other type of Amateur or Professional contact sport? Yes \_\_\_ No \_\_\_

If YES please explain \_\_\_\_\_

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 \_\_\_\_\_

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

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### HIV/Hep. B/C TEST

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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\_\_\_\_\_

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#### ATHLETIC COMMISSION HIV/AIDS REGULATIONS:

The PA State Athletic Commission will not accept this application unless it is accompanied by a **negative** HIV and Hep. B/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