



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
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***Amateur (MMA) experience Form (Must be completed by Fighter's Trainer/Manager)**

By signing this form below you are certifying that _____ has, in your
Name of Fighter
judgement, the necessary skills to qualify and be licensed as an **amateur (MMA) Fighter in this state.**

You make this judgement based on the following: (circle all that apply)

* The above named Fighter has been training at your gym

If YES for how long _____

* Name and location of the GYM where this Fighter has trained:

* You have witnessed the above named Fighter spar and train and feel they are duly qualified

* You have first-hand knowledge of the above named Fighter's amateur experience

If YES –list the win/loss record of this Fighter: _____

What if any relationship do you have with the above named Fighter?

Do you hold any type of license with the Pennsylvania State Athletic Commission or any other state/tribal Commission? If YES please list the type of license and Commission's name:

Trainer's /Manager's Name _____
(Please Print)

* By signing below I also verify that the above named Fighter has NEVER competed in any professional contest in any form of contact sports.

Signature

Date

**** This form MUST be completed for every amateur MMA Fighter who is competing for the first time in Pennsylvania. This form MUST be presented to the Commission before the event.**