



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
PO BOX 61975
HARRISBURG, PA 17106

Ed Kunkle
Executive Director

Telephone: (717) 787-5720
Fax: (717) 783-0824

By signing this form below you are certifying that _____ has, in
(Name of Boxer)
your judgement, the necessary skills to qualify and be licensed as a **professional boxer** in
this state.

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

* The above named Boxer has been training at your gym. If YES for how long? _____

* Name and location of the GYM where the Boxer has trained:

* You have witnessed the above named Boxer spar and train and feel he/she is duly qualified

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

If YES please list his/her over-all amateur boxing record: _____
And include his/her amateur boxing passbook.

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

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)

Signature

Date

* This form **MUST** be completed for every professional Boxer who is taking part in their first professional
contest in PA, or as requested by the Commission. This form **MUST** be notarized and returned to the
Commission, or your license application will be denied.