



PA DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
PO BOX 61975
Harrisburg, PA 17106

COMMONWEALTH OF
PENNSYLVANIA

APPLICATION FOR BOXER
KICKBOXING- AMATEUR

DATE : _____

LICENSE NO. _____

FEDERAL I.D. # _____

LICENSE
Fee \$10.00

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
PO BOX 61975
Harrisburg, PA 17106

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

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