



# THE COMMONWEALTH OF MASSACHUSETTS

## DEPARTMENT OF PUBLIC SAFETY

### STATE ATHLETIC COMMISSION

PLEASE SUBMIT APPLICATION TO:  
50 MAPLE STREET . MILFORD, MASSACHUSETTS 01757

#### APPLICATION FOR SECOND'S LICENSE

(Please Type or Print Legibly)  
(Illegible or incomplete applications will not be accepted)

BOXING

MMA

UNARMED COMBATANT: \_\_\_\_\_

#### BACKGROUND INFORMATION

NAME \_\_\_\_\_  
First Middle Initial Last

ADDRESS \_\_\_\_\_  
Street City State Zip

DAYTIME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_  
Street City State Zip

EMPLOYER'S TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_

HAVE YOU EVER BEEN LICENSED AS A SECOND IN ANOTHER STATE? \_\_\_\_\_

IF YES, WHICH STATES? \_\_\_\_\_

#### PAYMENT AGREEMENT (FOR COMMISSION USE ONLY)

I agree to pay for this applicant's license fee. \_\_\_\_\_

Signature of Promoter or Authorized Rep.

[ ] (OPTIONAL)

\Please check here if English is not your primary language AND your ability to read, write, speak, or understand English is limited. If you checked the box, please indicate what your primary language is:

Arabic	Chinese	French	German	Italian	Korean	Polish
Portuguese	Russian	Spanish	Tagalog	Vietnamese	Other _____	

**THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION**

**(check box indicating compliance)**

- \$50 application fee
- two passport photographs (2" x 2" in size) of the applicant's head (without headwear)  
(unless MA-RMV Release signed off below)
- copy of a government issued photo identification (e.g.- driver's license)

**AUTHORIZATION FOR RELEASE OF RMV INFORMATION**

My signature below authorizes the Department of Public Safety to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.

\_\_\_\_\_  
MA- RMV photo release signature

**PLEASE OUTLINE YOUR EXPERIENCE AND EXPLAIN WHY YOU BELIEVE YOU ARE QUALIFIED TO HOLD A SECOND'S LICENSE: (Use back of application for additional information.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTESTATION**

*I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge. Further, I certify that I have filed all required tax returns and paid all state taxes as required by law.*

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**FOR COMMISSION USE ONLY**

**DATE OF COMMISSION REVIEW:** \_\_\_\_\_

**APPROVED** \_\_\_\_\_ **DENIED** \_\_\_\_\_

**DATE LICENSE MAILED:** \_\_\_\_\_

**REASON FOR DENIAL:**

Rev. 4/11