



**THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC SAFETY
STATE ATHLETIC COMMISSION**

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

**APPLICATION FOR APPOINTMENT AS
DEPUTY COMMISSIONER**

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

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 _____ TELEPHONE # _____

EMPLOYER'S ADDRESS _____
Street City State Zip

(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 _____ | |

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 describe your experience in professional or amateur boxing, mixed martial arts, or other unarmed combat sports and note any licenses held.

Please explain why you believe you are qualified to hold the position of Deputy Commissioner.

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.

Signature of applicant

Date

FOR COMMISSION USE ONLY

DATE OF COMMISSION REVIEW: _____

DATE OF APPOINTMENT: _____

REASON FOR DENIAL:

