



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

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

APPLICATION FOR TIME KEEPER'S LICENSE
Please check sport which you are seeking Licensure:

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 TIME KEEPER IN ANOTHER STATE? _____

IF YES, WHICH STATES? _____

THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION

(check box indicating compliance)

- \$50 application fee
- two 1 inch by 1 inch photographs of the applicant's head (without headwear)
- copy of a government issued photo identification (e.g.- driver's license)

PLEASE OUTLINE YOUR EXPERIENCE AND EXPLAIN WHY YOU BELIEVE YOU ARE QUALIFIED TO HOLD A TIME KEEPER'S LICENSE:

[] (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	_____

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:

