



THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE

STATE ATHLETIC COMMISSION

1000 WASHINGTON STREET, SUITE 710

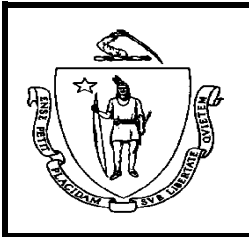
BOSTON, MA 02118

Application Instructions for Deputy Commissioner

To be considered for an appointment as a Deputy Commissioner, you must submit the following to this office.

- Completed Application Form
- Non-Massachusetts Residents Only: One Passport Photo (2" x 2") of Applicant
- Copy of a Government Issued Photo Identification (e.g. Driver's License/Passport)





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1000 WASHINGTON STREET, SUITE 710

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APPLICATION FOR APPOINTMENT AS DEPUTY COMMISSIONER

APPLICANT 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 NAME & ADDRESS _____

EMPLOYER TELEPHONE # (_____) _____ FACSIMILE(_____) _____

EXPERIENCE

ARE YOU CURRENTLY LICENSED/CERTIFIED BY ANY OTHER ATHLETIC COMMISSION? _____

IF YES, WHERE? _____

WHAT LICENSE(S)/CERTIFICATION(S) DO YOU CURRENTLY HOLD IN ANY OTHER STATE/JURISDICTION?

HAVE YOU EVER BEEN SUSPENDED/DISCIPLINED BY ANY OTHER ATHLETIC COMMISSION? _____

IF YES, WHERE? _____

PLEASE EXPLAIN (ATTACH SEPARATE SHEET IF NECESSARY). _____



AUTHORIZATION FOR RELEASE OF RMV INFORMATION – FOR MA RESIDENTS ONLY

My signature below authorizes the State Athletic Commission 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

Date

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. 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 _____

REASON FOR DENIAL: _____

