



THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE

STATE ATHLETIC COMMISSION

1 FEDERAL STREET, SUITE 0600

BOSTON, MA 02110-2012

TRAINER ATTESTATION

ONLY A TRAINER WITH PERSONAL KNOWLEDGE OF THE FIGHTER'S FITNESS TO PARTICIPATE IN A MATCH MAY COMPLETE THIS ATTESTATION

TRAINER INFORMATION

NAME _____

First

Middle Initial

Last

ADDRESS _____

Street

City

State

Zip

DAYTIME TELEPHONE # (_____) _____ E-MAIL ADDRESS _____

GYM OR TRAINING FACILITY NAME _____

ADDRESS _____

Street

City

State

Zip

NAME AND ADDRESS OF MANAGER (IF ANY): _____

EMERGENCY CONTACT NAME & PHONE NUMBER: _____

FIGHTER HISTORY

NAME OF FIGHTER _____

FIGHTER'S AMATEUR RECORD?* WINS _____ LOSSES _____ DRAWS _____

MMA FIGHTERS ONLY: TEAM _____

*ATTACH RESULTS LIST OF ALL FIGHTS

ATTESTATION

I _____, HEREBY ATTEST, UNDER THE PAINS AND PENALTIES OF PERJURY,
THAT IN MY PROFESSIONAL OPINION, _____ HAS THE NECESSARY
SKILLS AND IS OTHERWISE FIT TO COMPETE IN AN AMATEUR _____ MATCH.
(INSERT SPORT)

HOW LONG HAVE YOU KNOWN FIGHTER? _____

WHAT IS THE LENGTH OF TIME FIGHTER HAS BEEN TRAINING FOR PRESENT MATCH? _____

WHAT IS FIGHTER'S CURRENT TRAINING REGIMEN? _____

PLEASE EXPLAIN WHY YOU BELIEVE THIS APPLICANT IS FIT TO COMPETE AS AN AMATEUR UNARMED
COMBATANT. _____

SIGNATURE OF TRAINER

DATE

MA TRAINER'S LICENSE#