The Commonwealth of Massachusetts

Division of Professional Licensure

State Athletic Commission

1 Federal Street, Suite 0600

Boston, MA 02110-2012

Application Instructions for Second's License

To be licensed as a Second, you must submit the following to this office.

- ☐ Completed Application Form
- ☐ $50 Non-refundable Application Fee made payable to the Commonwealth of Massachusetts
- ☐ 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)

THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE
STATE ATHLETIC COMMISSION
1 FEDERAL STREET, SUITE 0600
BOSTON, MA 02110-2012

APPLICATION FOR SECOND'S LICENSE

Please check sport which you are seeking Licensure:

☐ **BOXING** ☐ **MMA** ☐ **MUAY THAI (SOUTHEAST ASIAN KICKBOXING)**

NON-REFUNDABLE APPLICATION FEE: $50 (CHECK OR MONEY ORDER ONLY)

APPLICANT INFORMATION

NAME _____
First Middle Initial Last

ADDRESS _____
Street City State Zip

DAYTIME TELEPHONE # (_____)_____ SOCIAL SECURITY #_____

FOREIGN NATIONALS ONLY: PASSPORT # _____

DATE OF BIRTH _____/_____/_____ PLACE OF BIRTH _____

E-MAIL ADDRESS _____ OCCUPATION _____

GYM OR TRAINING FACILITY NAME _____

ADDRESS _____
Street City State Zip

EMERGENCY CONTACT NAME & NUMBER _____

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?

_____

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

IF YES, WHERE? _____

PLEASE EXPLAIN (ATTACH SEPARATE SHEET IF NECESSARY).____

_____

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HAVE YOU EVER BEEN CONVICTED OF A CRIME BY ANY STATE OR JURISDICTION? _____

IF YES, PLEASE EXPLAIN (ATTACH SEPARATE SHEET IF NECESSARY). _____

_____

OUTLINE YOUR BACKGROUND AND EXPERIENCE IN UNARMED COMBAT AND EXPLAIN WHY YOU BELIEVE YOU ARE QUALIFIED TO HOLD A SECOND'S LICENSE. (ATTACH SEPARATE SHEET IF NECESSARY).

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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

SECOND 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: _____