



THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE

STATE ATHLETIC COMMISSION

1 FEDERAL STREET, SUITE 0600

BOSTON, MA 02110-2012

Application Instructions for Amateur Fighter's License

To be licensed as an amateur unarmed combatant/fighter, you must submit the following to this office.

- ☐ Completed Application and Trainer Attestation Forms (A Fighter's License is Valid for One Day Only)
- ☐ 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)
- ☐ Medical Information

- * Physical examination to determine whether the unarmed combatant is physically fit to compete performed by a licensed physician within 1 year of the event

- * An electrocardiogram (EKG) within 1 year of the event for which a first license is sought, then within 5 years thereafter

- * Blood test results for HIV, Hepatitis BsAG and Hepatitis Cab

- * A dilated eye exam by an optometrist or ophthalmologist within 1 year of the event

- * A brain CT or brain MRI within 5 years of the event

- * No earlier than 1 day prior to the event, all female fighters must provide satisfactory proof to a Commission approved physician that they are not pregnant

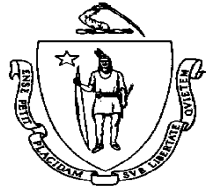
- ☐ Amateur Unarmed Combatant Medical Waiver/Informed Consent for applicants who elect not to undergo an EKG, brain CT/MRI or dilated eye exam

NOTE: The record of each test/examination must include an acknowledgement from the examining physician that the applicant is "physically fit to compete" or "cleared to fight."

MEDICAL RECORDS FROM OTHER STATES/JURISDICTIONS

The Massachusetts State Athletic Commission (MSAC) accepts records of medical examinations from other states/jurisdictions as long as they comply with MSAC regulations. MSAC will also share your medical information with other states/jurisdictions as long as you complete a written authorization granting MSAC permission to release your medical information.





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APPLICATION FOR AMATEUR FIGHTER'S LICENSE

Please check sport which you are seeking Licensure:

☐ BOXING

☐ MMA

☐ MUAY THAI (SOUTHEAST ASIAN KICKBOXING)

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 _____

COMBAT INFORMATION

HEIGHT _____ PRESENT WEIGHT _____

WHAT IS YOUR AMATEUR RECORD? WINS _____ LOSSES _____ DRAWS _____

ARE YOU CURRENTLY LICENSED BY ANY OTHER ATHLETIC COMMISSION? _____

IF YES, WHERE? _____

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

IF YES, PLEASE EXPLAIN _____



DO YOU PRESENTLY SUFFER FROM ANY KNOWN MEDICAL CONDITION THAT WOULD MAKE IT UNSAFE FOR YOU TO ENGAGE IN AN UNARMED COMBATIVE SPORTING EVENT? _____

IF YES, PLEASE EXPLAIN. _____

HAVE YOU EVER BEEN HOSPITALIZED DUE TO AN UNARMED COMBAT RELATED INJURY? _____

IF YES, PLEASE EXPLAIN. _____

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

IF YES, PLEASE EXPLAIN. _____

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

FIGHTER 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: _____





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AMATEUR UNARMED COMBATANT MEDICAL WAIVER/INFORMED CONSENT

I _____, AN AMATEUR UNARMED COMBATANT, HEREBY ACKNOWLEDGE THAT THE MEDICAL ADVISORY BOARD (MAB) OF THE MASSACHUSETTS STATE ATHLETIC COMMISSION (MSAC) HAS DETERMINED THAT A MEDICAL EVALUATION INCLUDING SEVERAL SPECIFIC TESTS MANDATED IN **523 CMR 6.02**, CONSTITUTE A MINIMUM REQUIREMENT TO DISCOVER SOME POTENTIAL PRE-EXISTING CONDITIONS WHICH COULD RESULT IN INCREASED RISK OF SERIOUS PERMANENT INJURY OR DEATH WHILE ENGAGED IN UNARMED COMBATANT COMPETITION.

I HAVE ELECTED NOT TO OBTAIN THE FOLLOWING TESTS UNLESS OTHERWISE DEEMED NECESSARY BY AN EXAMINING PHYSICIAN:

- AN ELECTROCARDIOGRAM (EKG) WITHIN ONE YEAR OF THE EVENT (**523 CMR 6.02 (2) (B)**)
- A DILATED EYE EXAMINATION WITHIN ONE YEAR OF THE EVENT (**523 CMR 6.02 (2) (D)**)
- A BRAIN CT OR MRI WITHIN FIVE YEARS OF THE EVENT (**523 CMR 6.02 (2) (E)**)

I UNDERSTAND AND ACKNOWLEDGE THAT BY NOT OBTAINING THESE TESTS, I AM SUBJECTING MYSELF TO AN INCREASED RISK OF SERIOUS PERMANENT INJURY OR DEATH WHILE ENGAGED IN UNARMED COMBATANT COMPETITION.

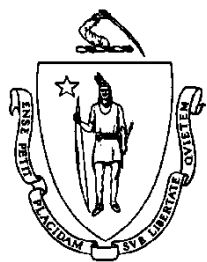
I HEREBY RELEASE MAB, MSAC, THE COMMONWEALTH OF MASSACHUSETTS, ITS AGENTS, SERVANTS AND EMPLOYEES FROM ANY AND ALL CLAIMS AND LIABILITIES THAT MAY ARISE OUT MY DECISION TO OPT OUT OF THE MINIMUM MEDICAL TESTS RECOMMENDED BY THE MAB.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE





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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): _____

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#

