



# THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE

STATE ATHLETIC COMMISSION

1000 WASHINGTON STREET, SUITE 710

BOSTON, MA 02118

## 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

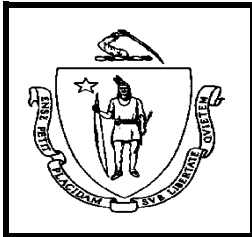
\* No earlier than 1 day prior to the event, all female fighters must provide satisfactory proof to a Commission approved physician that they are not pregnant

- 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.*

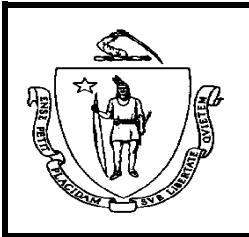
\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
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))

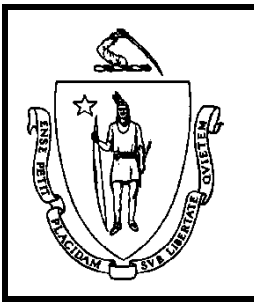
I UNDERSTAND AND ACKNOWLEDGE THAT BY NOT OBTAINING THESE TESTS, I AM SUBJECTING MYSELF TO AN INCREASED RISK OF SERIOUS PERMANENT INJURY OR DEATH WHILE ENGAGED IN UNARMED COMBATANT COMPETITION.

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? \_\_\_\_\_

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

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\_\_\_\_\_  
SIGNATURE OF TRAINER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MA TRAINER'S LICENSE#