



# THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE

STATE ATHLETIC COMMISSION

1000 WASHINGTON STREET, SUITE 710

BOSTON, MA 02118

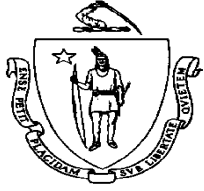
## Application Instructions for Manager's License

To be licensed as a Manager, 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)

**\*\*\*Massachusetts Licensed Managers May Act as Seconds\*\*\***





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## APPLICATION FOR MANAGER'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 \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

### 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). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 MANAGER'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



**MANAGER 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: \_\_\_\_\_