



# THE COMMONWEALTH OF MASSACHUSETTS

**DIVISION OF PROFESSIONAL LICENSURE**

**STATE ATHLETIC COMMISSION**

1000 WASHINGTON STREET, SUITE 710

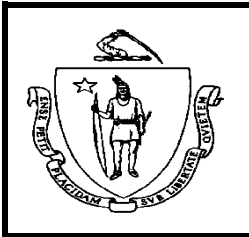
BOSTON, MA 02118

## Application Instructions for Matchmaker's License

To be licensed as a matchmaker, 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)
- Curriculum Vitae





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## APPLICATION FOR MATCHMAKER'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 \_\_\_\_\_

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

\_\_\_\_\_

LIST ALL EVENTS YOU SERVED AS A MATCHMAKER DATING BACK TWO YEARS OR FIVE EVENTS. INCLUDE THE NAMES OF FIGHTERS THAT YOU MATCHED AND PROMOTERS YOU WORKED WITH AT THESE EVENTS. (ATTACH SEPARATE SHEET IF NECESSARY).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

**MATCHMAKER 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:** \_\_\_\_\_

