

THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE

STATE ATHLETIC COMMISSION

1 FEDERAL STREET, SUITE 0600

BOSTON, MA 02110-2012

Application Instructions for Amateur to Professional Fighter's License ("Pro Debut")

To debut as a professional unarmed combatant/fighter, you must submit the following to this office.

- Completed Application
- \$25 Non-refundable Application Fee made payable to the Commonwealth of Massachusetts (A Fighter's License is Valid for One Day Only)
- \$10.00 Federal ID fee made payable to the Commonwealth of Massachusetts, if applicable
- Two Attestation Forms (at least one from a licensed trainer)
- List of all amateur contests including dates, locations, opponents and results
- 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

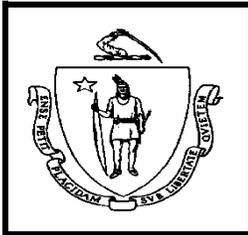
* No earlier than 1 day prior to the event, all female fighters must provide satisfactory proof to a Commission approved physician that they are not pregnant

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.





THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE

STATE ATHLETIC COMMISSION

1 FEDERAL STREET, SUITE 0600

BOSTON, MA 02110-2012

APPLICATION FOR AMATEUR TO PROFESSIONAL FIGHTER'S LICENSE ("PRO DEBUT")

Please check sport which you are seeking Licensure:

BOXING

MMA

MUAY THAI (SOUTHEAST ASIAN KICKBOXING)

NON-REFUNDABLE APPLICATION FEE: \$25 (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 _____

EMERGENCY CONTACT NAME & NUMBER _____

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.

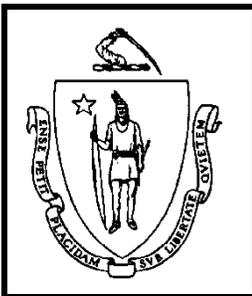
Signature of applicant

Date

FOR COMMISSION USE ONLY

DATE OF COMMISSION REVIEW: _____ APPROVED _____ DENIED _____

REASON FOR DENIAL: _____



THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE

STATE ATHLETIC COMMISSION

1 FEDERAL STREET, SUITE 0600

BOSTON, MA 02110-2012

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

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. _____

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 A PROFESSIONAL _____ MATCH.
(INSERT SPORT)

HOW LONG HAVE YOU KNOWN FIGHTER? _____

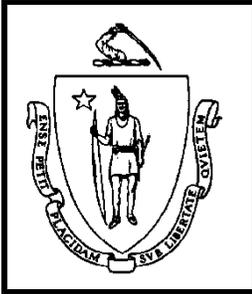
WHAT IS THE LENGTH OF TIME FIGHTER HAS BEEN TRAINING FOR PRESENT MATCH? _____

WHAT IS FIGHTER'S CURRENT TRAINING REGIMEN? _____

SIGNATURE OF TRAINER

DATE

MA TRAINER'S LICENSE#



THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE

STATE ATHLETIC COMMISSION

1 FEDERAL STREET, SUITE 0600

BOSTON, MA 02110-2012

ATTESTATION

ONLY AN INDIVIDUAL WITH PERSONAL KNOWLEDGE OF THE FIGHTER'S FITNESS TO PARTICIPATE IN A MATCH MAY COMPLETE THIS ATTESTATION

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

ARE YOU CURRENTLY LICENSED BY ANY ATHLETIC COMMISSION? _____

IF YES, WHAT TYPE OF LICENSE AND WHERE? _____

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

IF YES, PLEASE EXPLAIN. _____



FIGHTER HISTORY

NAME OF FIGHTER _____

FIGHTER'S AMATEUR RECORD?* WINS _____ LOSSES _____ DRAWS _____

MMA FIGHTERS ONLY: TEAM _____

ATTESTATION

I _____, HEREBY ATTEST, UNDER THE PAINS AND PENALTIES OF PERJURY,
THAT IN MY OPINION, _____ HAS THE NECESSARY SKILLS AND IS
OTHERWISE FIT TO COMPETE IN A PROFESSIONAL _____ MATCH.

(INSERT SPORT)

WHAT IS YOUR RELATIONSHIP TO THE FIGHTER? _____

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 THIS AMATEUR FIGHTER IS READY TO COMPETE AS A PROFESSIONAL? _____

SIGNATURE

DATE

PRINTED NAME