

# ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION

## MATCHMAKER LICENSE APPLICATION REQUIREMENTS

- **Arizona License Application** must be filled out **completely**, accompanied by TWO (2) Passport Size Color Photos or Email a Digital Photo to [mvalenzuela@azboxingandmma.gov](mailto:mvalenzuela@azboxingandmma.gov) of the Applicant and send in a **MONEY ORDER** and License Application for \$100.00, payable to the Arizona Boxing and MMA Commission. ***This application will serve as your registration with Arizona Boxing and MMA Commission.***
- Copy of Driver's License, Valid Identification or other Lawful Presence Documents must be provided along with Arizona License Application.
- Fingerprints taken at a local Police Department, accompanied by a **MONEY ORDER** for \$22.00, payable to the AZ Boxing and MMA Commission. **(Personal checks will not be accepted)**

**ALL requirements MUST accompany the application upon submittal.**

# ARIZONA BOXING AND MMA COMMISSION

## LICENSE APPLICATION

### Application Facts and Instructions (ARS § 41-1079)

- **All licenses expire every December 31 at midnight.** It is the licensee's responsibility to apply for renewal prior to license expiration.
- Required: Two passport size photos, documentation of citizenship or alien status, fingerprints\*\*, and license fee (AAC R-3-412)
- License will be issued or denied after receiving a complete application package: within 65 days for promoters, matchmakers, corporations, managers, judges and referees; and within 40 days for boxers, boxer's seconds, trainers, ring announcers, timekeepers, and physicians. (AAC R3-412.01)
- Contact the Boxing and MMA Commission at (602) 364-1721 with questions or assistance with the application process.
- This document is a public record as defined in ARS. § 41-1350, and is therefore open to public inspection. (ARS. § 39-121)

### Personal Information

**Applicant's Name:** \_\_\_\_\_ **Social Security No:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First M.I. (Jr., Sr., etc.) (Disclosure of your social security number is mandatory. ARS § 25-320)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Other Names You Have Used (maiden/other)** \_\_\_\_\_  
Month Day Year

**Place of Birth:** \_\_\_\_\_ **Are you a Citizen of the United States?**  Yes  No  
City, State (or equivalent) and Country

**Permanent Mailing Address** - Please be advised that the address listed below will be used for mailing all notices or other communication. *(It is the sole responsibility of the licensee to notify the Commission of a change in mailing address.)*

Mailing Address \_\_\_\_\_ Apartment, Suite, Floor \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

### Boxing Infractions & Criminal History Background

1. Have you ever been convicted of any crime, other than a traffic violation:  Yes  No

If you answered "yes"— please provide an explanation for each incident

Date	City	State	Offense (Nature of Charge)	Disposition/Final Results of Case

2. Have you ever had a license denied, suspended or revoked by any commission? If you answered yes, explain: \_\_\_\_\_

3. Have you ever been issued a license by any commission or regulatory agency? If so, specify the commission or agency and dates and type of license: \_\_\_\_\_

### LICENSING FEES & CATEGORIES

(Check the box that applies and provide the information requested, if applicable to your license category)

\$20                      \$25                      \$50                      \$100                      \$200                      \$400

<b>MMA (Amateur)</b>  <input type="checkbox"/>	<input type="checkbox"/> <b>Announcer</b> <input type="checkbox"/> <b>Inspector</b> <input type="checkbox"/> <b>Physician</b> <input type="checkbox"/> <b>Timekeeper</b>	<input type="checkbox"/> <b>Boxer (Pro)</b> <input type="checkbox"/> <b>MMA (Pro)</b> <input type="checkbox"/> <b>Second</b> <input type="checkbox"/> <b>Trainer</b>	<b>** Manager</b> <input type="checkbox"/> <input type="checkbox"/> <b>Fingerprint</b>	<b>** Matchmaker</b> <input type="checkbox"/> <input type="checkbox"/> <b>Fingerprint</b>	<b>** Promoter</b> <input type="checkbox"/> <b>(Individual)</b> <input type="checkbox"/> <b>Fingerprint</b>	<b>** Promoter</b> <input type="checkbox"/> <b>(Corporation)</b> <input type="checkbox"/> <b>Fingerprint</b>
	<u><b>Fingerprints needed for the following:</b></u> <input type="checkbox"/> <b>** Judge</b> <input type="checkbox"/> <b>Fingerprint</b>		<input type="checkbox"/> <b>** Referee</b> <input type="checkbox"/> <b>Fingerprint</b>		<b>Must submit a list of all Boxers and MMA (Pro's) under Managerial Contract.</b>	

**\*\* Fingerprints are required for these licensed categories and Additional \$22 Fee for Processing \*\***

**If you have a financial interest in any Pro Boxer or Pro MMA Fighter: Please explain on a separate sheet.**

**AFFIDAVIT OF LAWFUL PRESENCE  
BY APPLICANTS FOR STATE PUBLIC BENEFITS - LICENSING**

**All licensed applicants must present evidence demonstrating lawful presence in the United States at time of application. A.R.S. § 1-502, 8 U.S.C. § 1621**

**EXCEPTIONS: You are not required to submit documentation if the following applies:**

- I have unexpired documentation on file with the Arizona Boxing Commission.
- Applicants who are citizens of a foreign country and not physically present in the United States.

**ALL OTHERS: Submit one of the following documents:**

**Check the document you are submitting.**

- An Arizona driver license issued after 1996 or an Arizona nonoperating identification card.
- A driver license issued by a state that verifies lawful presence in the United States. (The following states do not verify, and therefore are not acceptable: Hawaii, Illinois, New Mexico, Utah and Washington. Washington verifies only for credentials labeled as "Enhanced.")
- E-Verification issued by the Department of Homeland Security verifying employment eligibility.
- A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
- A United States certificate of birth abroad.
- A United States Passport. **Passport #** \_\_\_\_\_
- A foreign passport with a United States visa. **Passport #** \_\_\_\_\_
- An I-94 form with a photograph.
- A United States citizenship and immigration services employment authorization document or refugee travel document.
- A United States certificate of naturalization.
- A United States certificate of citizenship. **State ID and #** \_\_\_\_\_ **Expires** \_\_\_\_\_
- A tribal certificate of Indian blood.
- A tribal or bureau of Indian affairs affidavit of birth. **Eyes** \_\_\_\_\_ **Hair** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **lbs.**
- Other acceptable document as determined by the Boxing Commission. \_\_\_\_\_

**WARNING – Please read carefully before signing**

I hereby make application for a license to be issued in accordance with the terms and provisions of the rules of the Arizona Boxing Commission. I agree to strictly comply with the laws of the State of Arizona and with the Rules of the Arizona Boxing Commission as they may be added or amended from time to time.

**License Application Instructions** – I have been provided with instructions for obtaining a license, informed of applicable licensing timeframes, and provided with contact information if I have questions or need assistance during the application process.

**Social Security Numbers** – ARS § 25-320 mandates that each licensing board or agency that issues professional or occupational licenses or certificates must obtain and record the social security number of an applicant for professional or occupational license or certificate in its database in order to aid the Department of Economic Security in locating parents or their assets or to enforce child support orders. Therefore, it is mandatory that your social security number is provided on this application. When social security numbers appear on public records, and copies of such records become the subject of a records request, social security numbers must be redacted from the document.

**Declaration of Citizenship and Alien Status** - I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge. I understand that it is my responsibility to advise the Commission of any change in citizenship or alien status and to provide the Commission with a copy of new or renewed documents evidencing my status.

**Application Certification** – I certify that all the information listed on the License Application is true and correct to the best of my knowledge. I further understand and agree that any misstatement of a material fact in this application will constitute grounds for suspension or revocation of the license and/or a possible monetary fine.

**FBI Notification of Applicant Privacy Rights** – Your fingerprints will be used to check the criminal history records of the FBI. If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. You should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record. The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at [www.fbi.gov](http://www.fbi.gov) under Criminal History Summary Checks or by calling (304) 625-3787. To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website, [www.dps.gov](http://www.dps.gov).

If the Applicant is a Contestant, he or she understands that by participating in a Boxing or Unarmed Combat bout, that the Contestant is engaging in an abnormally dangerous activity which subjects Contestant to a risk of severe injury or death. The Contestant, in full knowledge of the risks, nonetheless, agrees to enter into this license agreement and hereby waives any claim that the Contestant or Contestant's heirs may have against the Arizona State Boxing & MMA Commission ("Commission"), the Commission members and employees, bout officials and the State of Arizona as the result of any injury the Contestant may suffer as a result of Contestant's participation in this contest.

I acknowledge and understand that false or incomplete answers on this Application Form could result in criminal prosecution and/or the Denial or subsequent Revocation of a License.

I declare under penalty of perjury under the laws of the State of Arizona, that I have read and understand the foregoing and completed this application for a license, that all the answers given are my own, and that the answers are true and correct to the best of my knowledge.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If payment of fees is made by personal check and that check is not on a valid account or drawn without sufficient funds, the license issued shall be null and void and an automatic fine of \$25.00 shall be imposed.