

# ARIZONA BOXING AND MIXED MARTIAL ARTS 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: A photo, documentation of citizenship or alien status, fingerprints for all double-asterisked categories (\*\*), and license fee (A.A.C. R19-2-C603)
- License will be issued or denied after receiving a complete application package: within 45 days for matchmakers, managers, judges, inspectors, referees, physicians, timekeepers, and combatants over 36 years of age; and within 20 days for combatants, seconds, trainers, cutmen, and ring announcers. (A.A.C. R19-2-C602 and Table 1)
- This document is a public record as defined in A.R.S. §§ 41-151.18, and 39-121 to 39-128, and is therefore open to public inspection.
- Special requirements: Manager applicants must submit a list of all professional combatants under Managerial Contract. If you have a financial interest in any professional combatant, you must explain the nature of that interest.
- Contact the Arizona Boxing and Mixed Martial Arts Commission ("Commission") at (602) 364-1721 with questions or assistance with the application process.

### 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(P))

**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 - Be advised that addresses 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 mail or email address.)**

**Mailing Address** \_\_\_\_\_ **Apartment, Suite, Floor** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_ **Zip Code** \_\_\_\_\_ **Email** \_\_\_\_\_

Do you agree to receive official notifications sent to your email address?  Yes  No (By checking "Yes," you are signifying that you understand that you may later revoke this permission by emailing the Commission at [infobox@azgaming.gov](mailto:infobox@azgaming.gov).)

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **Work Phone** (\_\_\_\_) \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_

### Boxing Infractions & Criminal History Background (Attach a separate sheet, if necessary to answer questions fully.)

1. Have you ever been convicted of any crime, other than a civil 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 so, please 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: \_\_\_\_\_

### License Categories & Fees: All fees to be paid by cashier's check or money order. Personal checks will not be accepted.

Check all boxes that apply and provide the information requested, if applicable to your license category.

**Please note: There is a license fee for each separate license.**

\$10	\$25	\$30	\$100	\$125
<input type="checkbox"/> Amateur combatant	<input type="checkbox"/> Professional Combatant* <input type="checkbox"/> Trainer <input type="checkbox"/> Second <input type="checkbox"/> Cutman	<input type="checkbox"/> Inspector <input type="checkbox"/> Judge** <input type="checkbox"/> Referee** <input type="checkbox"/> Timekeeper <input type="checkbox"/> Announcer <input type="checkbox"/> Physician	<input type="checkbox"/> Manager**	<input type="checkbox"/> Matchmaker**

\*Which discipline applies to your license:  Boxing  MMA  Kickboxing  Muay Thai  Toughman  Other (Explain "Other" here: \_\_\_\_\_)

\*\*If you are an applicant for a license as a judge, referee, manager, or matchmaker you must provide a set of fingerprints and pay an additional \$22 fee for processing.\*\* Fingerprints submitted? Yes  No  Fee submitted? Yes  No

If you are a Manager applicant, have you attached a separate sheet listing all professional combatants under Managerial Contract? Yes  No  N/A

If you have a financial interest in any professional combatant, have you attached a separate sheet explaining the nature of that interest? Yes  No  N/A

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

**All applicants must present evidence demonstrating lawful presence in the U.S. at time of application. A.R.S. § 41-1080**

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

- I have unexpired documentation on file with the Commission.
- Applicants who are citizens of a foreign country and are not required to be physically present in Arizona to receive the license benefits.

**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.
- 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 U.S. 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.
- A tribal certificate of Indian blood or a tribal or BIA affidavit of birth.
- Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license. **State** \_\_\_\_\_ **ID #** \_\_\_\_\_

**Expires** \_\_\_\_\_ **Eyes** \_\_\_\_\_ **Hair** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**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 Commission. I agree to strictly comply with the laws of the State of Arizona and with the Rules of the 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. **Acceptable forms of payment are cash, cashier's check, or money order payable to the Arizona Department of Gaming. Cash will not be accepted by mail.**

**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 will be redacted from the document.

**FBI Notification of Applicant Privacy Rights** – Fingerprints are 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 Identity History Summary Checks or by calling (304) 625-5590. 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 record review packet of go to the DPS website to find. Information on the correction process. To obtain a fingerprint card, call the DPS Applicant Clearance Card Team at (602) 223-2279.

**Release of Medical Information** - If you are an applicant for a license as an unarmed combatant, physical and laboratory examinations and submission to the Commission of certain medical information may be required in order for you to be licensed and to retain your license. Such information may also be shared with Commission staff or contractors, such as referees, and other sanctioning bodies and/or state commissions. (The Professional Boxing Safety Act, 15 U.S.C.A. §§ 6304, 6306, 6307; A.R.S. §§ 5-228(F) and 5-233(A); and A.A.C. R19-2-C604)

**Regulatory Bill of Rights**

A licensee is entitled to certain rights under Arizona law. The regulatory bill of rights can be found on the Commission website listed below.

**APPLICANT UNDERSTANDS THAT UNARMED COMBAT IS AN ABNORMALLY DANGEROUS ACTIVITY WHICH SUBJECTS A PARTICIPANT TO A RISK OF SEVERE INJURY OR DEATH. THE APPLICANT, IN FULL KNOWLEDGE OF THE RISKS, NONETHELESS, HEREBY AGREES TO WAIVE ANY CLAIM THAT THE APPLICANT OR APPLICANT'S HEIRS MAY HAVE AGAINST THE STATE OF ARIZONA, THE COMMISSION, AND THE COMMISSION MEMBERS, REPRESENTATIVES, EMPLOYEES, AND OFFICIALS, AS THE RESULT OF ANY INJURY THE APPLICANT MAY SUFFER DIRECTLY OR INDIRECTLY BECAUSE OF APPLICANT'S PARTICIPATION IN UNARMED COMBAT, IN ANY CAPACITY. THE APPLICANT UNDERSTANDS AND AGREES THAT ISSUANCE OF A LICENSE IS NO PROMISE OR GUARANTEE THAT THE APPLICANT IS SUITED FOR THE RIGORS AND DEMANDS OF PERFORMANCE AS AN UNARMED COMBAT LICENSEE, IN ANY CAPACITY.**

- > 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 further understand and agree that any misstatement of a material fact, false or incomplete answers will constitute grounds for denial, suspension or revocation of the license and/or possible monetary fine or could result in criminal prosecution.
- > I understand that it is my responsibility to advise the Commission of any change in contact information, citizenship or alien status and to provide the Commission with a copy of new or renewed documents evidencing such changes.

X \_\_\_\_\_  
Signature of License Applicant

\_\_\_\_\_  
Date

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[www.boxingandmma.az.gov](http://www.boxingandmma.az.gov)

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