

ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION

AMATEUR MIXED MARTIAL ARTIST REQUIREMENTS

- **Arizona License Application** must be filled out **completely**. Email a Digital Photo of the Applicant to info@azboxingandmma.gov and send in the License Application along with **CASHIER'S CHECK OR MONEY ORDER** in the amount of \$20.00, payable to the **Arizona Department of Gaming**. (*Personal Checks will not be accepted.*)
- **Copy of Driver's License, Valid Identification or other Lawful Presence Documents** must be provided along with Arizona License Application. (*Indicate on Page 2 of license application*)
- **National Mixed Martial Arts Identification Application** must be filled out **completely**. An MMA ID card and number will be issued, which will serve as your Identification to check-in at each event you participate in. This must be carried at all times to verify your identity in order to participate.
- **Annual Physical Exam (form available online)**. Examinations must be done by an MD or DO, **per A.R.S. §5-228(F)**. (*Chiropractors, Nurse Practitioners and Physicians Assistants will not be accepted.*)
- **Ophthalmological Exam (form available online)**. Examinations done by an Optometrist will not be accepted, **per A.R.S. §5-228(F)(1)**.
- **Bloodwork** must include the following 3 tests: (1) HIV Test (2) HEPATITIS B (Surface Antigen) Test & (3) HEPATITIS C (Antibody) Test, **per A.R.S. §5-228(F)(2)**.
- **Applicants 32 years of age through 35 years of age** must get special permission from the Executive Director and may be required to furnish additional medical tests.
- **Applicants 36 years of age and older** must get an EKG/Stress test completed within 24 months of license being issued and accompanied by a clearance letter administered by a physician, **per A.R.S. §5-228(F)(3)**. Applicants are also required to attend a commission meeting to be considered and approved by the Commission.
- **Female contestants** must submit a negative pregnancy test on the day of Weigh-ins or date of Event as determined by the Commission, **per A.R.S. §5-228(F)(5)**.
- **Applicants who have not been active for two years or more** may be required to undergo further medical exams and/or be required to demonstrate ability to perform, **per A.R.S. §5-228(F)(6)**.
- **An Amateur Mixed Martial Arts competitor** shall become eligible to be licensed as a Professional Mixed Martial Arts competitor after the competitor has completed five or more verified amateur contests that are regulated by a commission or by a sanctioning body that is approved by the commission. The five-contest requirement prescribed by this subsection may be waived by the Commission or by the Executive Director, **per A.R.S. §5-222(6)(B)**.
- **New 48 Hour rule requirement for all medicals, license applications, etc.** This is a reminder that all medical exams, blood tests, license applications and other paperwork for Boxers, MMA fighters and corner men must be submitted to the AZ Boxing & MMA Commission office at least 2 days before the scheduled event. The specific language is stated, **per A.R.S. §5-228(G)**.
- **Arizona is a calendar year state for medical requirements.** Medicals will be accepted after December 15th from the prior year of the current year being licensed, **per A.R.S. §5-228(G)**.

1110 West Washington, Suite 450
Phoenix, AZ 85007

Phone (602) 364-1721 Fax (602) 364-1703

boxingandmma.az.gov

Checklist for Fighter, Trainer and Cornermen (Second's)

The Arizona Boxing and MMA Commission will need to know who will be helping you in your corner at least 2 days before the day of the fight to make sure they have an ACCESS PASS. All fighters and cornermen, must be licensed by the day of the event. Their fees are indicated on the Arizona License Application (\$20 for MMA Amateur fighters and \$25 for Boxers, MMA Professional fighters and Cornerman aka Seconds.) Make sure you are licensed in order to receive an Access Pass to the event. This fee WILL NOT be taken from the Fighter's purse, unless the fighter agrees and the deduction is stated in the contract.

ARIZONA BOXING AND MMA COMMISSION

1110 W. Washington Street, #450

Phoenix, AZ 85007

Phone: (602) 364-1721

Fax: (602) 364-1703

Email: info@azboxingandmma.gov

Website: boxingandmma.az.gov

Please provide the names below along with License Applications by fax or email above:

(We allow 3 in the corner for Regular Bouts and 4 for Championship bouts)

	State ID / Country
Fighter Name: _____	_____
<i>Trainer</i> _____	_____
<i>Chief Second</i> _____	_____
<i>Second 2</i> _____	_____
<i>Second 3</i> _____	_____

Items required to compete include the following:

1. All Medical Exams including blood tests, license applications, Federal ID Applications and other paperwork turned into the AZ Commission 48hrs prior to event
2. Fighter Contract, if applicable
3. Mandatory Weigh-ins (1 day prior to event or day of event, if applicable)
4. Professional Trunks
5. Professional Groin Cup
6. Mouthpiece (Single or Double guard)
7. Tape / Gauze / Towel / Spit Bucket and Materials needed between rounds
8. Rules and Instructions (Referee to provide day of event)
9. Check with the AZ Boxing and MMA Commission above for any additional items

COLOR PHOTO
(Passport Type)

**ASSOCIATION OF BOXING COMMISSIONS
MIXED MARTIAL ARTS
NATIONAL IDENTIFICATION CARD**

FOR OFFICIAL USE ONLY
ID #: _____
DATE ISSUED: _____
ISSUED BY: AZ BOXING
AND MMA COMMISSION
EXPIRES: _____

APPLICATION FORM

- AMATEUR**
 PROFESSIONAL

FIRST NAME: _____ LAST NAME: _____ MIDDLE NAME: _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY #: _____-____-_____

ADDRESS: _____ CITY: _____ STATE/PROVINCE: _____ ZIP: _____

HEIGHT: ____' ____" WEIGHT: _____ lbs. COLOR OF HAIR: _____ COLOR OF EYES: _____

HOME PHONE: (____) _____ E-MAIL ADDRESS: _____

BIRTHMARKS, SCARS OR TATTOOS: _____

(List area of body: Face, Neck, Back, Arm, Leg, etc.)

YEARS OF EXPERIENCE: _____

TERMS AND CONDITIONS:

1. Applicant must apply for National MMA ID Card in the state/province in which he/she is a resident.
2. National MMA ID Card, will not be issued unless an accurate and truthful application form is completed in its entirety. Incomplete forms will not be accepted and will be returned to applicant for completion.
3. Two color (passport type) photos must be submitted with the completed application form.
4. Two forms of identification must be presented at the time of application and must include a color photo of the applicant. Accepted forms of identification will include, but not be limited to driver's license, passport, state/province issued identification or any other form of identification accepted by issuing Commission.
5. Applicant understands that he/she will not be allowed to compete without a National MMA ID Card.
6. Applicant understands that the ABC in cooperation with the issuing Commission will settle any and all disputes with regards to violations of these terms and conditions for the National MMA ID Card. The ruling of the ABC is final and binding on all parties.
7. Applicant agrees to abide by these and any other terms and conditions, rules and regulations set forth by the ABC and the issuing Commission.
8. Applicant understands and agrees that the ABC reserves the right to amend the terms and conditions for issuing the National MMA ID Card.
9. The National MMA ID Card will Expire 5 years from the date it is issued. A new application will need to be completed in order to update or renew your ID.

I certify that I have read and understand the terms and conditions pertaining to the application for a National MMA ID Card, that all information given is my own, is true and correct to the best of my knowledge. I further understand and agree that any false, misstatements or incomplete information on the application will constitute grounds for revoking or denial of the National MMA ID Card, and subject me to a one year suspension at the discretion of the ABC or issuing Commission.

Applicant's Signature

Date

Commission Representative

Date

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: _____

License Categories & Fees

All fees to be paid by cashier's check or money order. Personal checks will not be accepted.

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

\$20	\$25	\$50	\$100	\$200	\$400
MMA (Amateur) <input type="checkbox"/>	<input type="checkbox"/> Announcer <input type="checkbox"/> Inspector <input type="checkbox"/> Physician <input type="checkbox"/> Timekeeper Fingerprints needed for the following: <input type="checkbox"/> ** Judge <input type="checkbox"/> Fingerprint	<input type="checkbox"/> Boxer (Pro) <input type="checkbox"/> MMA (Pro) <input type="checkbox"/> Second <input type="checkbox"/> Trainer <input type="checkbox"/> ** Manager <input type="checkbox"/> Fingerprint Must submit a list of all Boxers and MMA (Pro's) under Managerial Contract.	<input type="checkbox"/> ** Matchmaker <input type="checkbox"/> Fingerprint	<input type="checkbox"/> **Promoter (Individual) <input type="checkbox"/> Fingerprint	<input type="checkbox"/> **Promoter (Corporation) <input type="checkbox"/> Fingerprint

** Fingerprints are required for these license 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 applicants must present evidence demonstrating lawful presence in the U. S. 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.
- 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 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.

State ID and # _____ **Expires** _____ **Eyes** _____ **Hair** _____ **Height** _____ **Weight** _____ **lbs** _____

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. **Acceptable forms of payment cashier's check or money order payable to the Arizona Department of Gaming.**

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.

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 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.

A.R.S 41-1030

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

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 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 citizenship or alien status and to provide the Commission with a copy of new or renewed documents evidencing my status.

X _____
Signature of License Applicant

Date

ARIZONA STATE BOXING AND MIXED MARTIAL ARTS COMMISSION

PHYSICAL EXAM PHYSICAL EXAMINATION FOR PROFESSIONAL BOXER/UNARMED COMBATANT

Applicant Phone: (____)____-_____

APPLICANT INFORMATION

MALE FEMALE

Applicant
Last Name _____ First Name _____ Middle _____ Date of Birth _____
Street Address _____ City _____ State _____ Zip _____

PHYSICAL HISTORY

Has applicant had any of the following conditions:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Rupture (hernia) | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Swollen joints | <input type="checkbox"/> Rheumatism | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Frequent head aches | <input type="checkbox"/> Convulsions (fits) | <input type="checkbox"/> Chronic cough | <input type="checkbox"/> Bleeding disorder |
| <input type="checkbox"/> Spitting blood | <input type="checkbox"/> Cerebral hemorrhage or any other serious injury | | |

Number of knockouts received _____ Date of last knockout _____

Longest duration of unconsciousness _____

Have you ever been knocked unconscious in any other sport or in any other way? Yes No

If yes, explain: _____

BOXING/UNARMED COMBAT RECORD

Pro Boxing	Wins _____	Losses _____	Draws _____
Pro MMA	Wins _____	Losses _____	Draws _____
Amateur MMA	Wins _____	Losses _____	Draws _____

PHYSICAL EXAMINATION

General appearance _____ Height _____ Weight _____ Temperature _____

Disabling scars _____ Mouth _____ Teeth _____ Tonsils _____ Neck _____

Pulse at rest _____ Blood pressure at rest _____

Pulse after 100 hops _____ Blood pressure after 100 hops _____

Blood pressure 2 minutes later _____

Enlarged glands Yes No Goiter Yes No

Heart: Pulse rhythm Regular Irregular Apical impulse Heavy Normal

Enlargement Yes No Murmurs Yes No

Lungs: Rales Yes No

Breasts: Mass Yes No Tenderness Yes No Discharge Yes No

Abdomen: Enlargement of liver Yes No Enlargement of spleen Yes No

Hernia Yes No Enlargement of spleen Yes No

Testicles: Normal Yes No Remarks: _____

Pelvic: Normal Yes No Remarks: _____

Reflexes: Pupils _____ Knee jerks _____ Romberg _____ Babinski _____

Skin: Rash _____ Boils _____ Any other unhealed wounds: _____

Speech: Slurred? Yes No Other: _____

General issues (memory, judgment): _____

Remarks: _____

ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION

OPHTHALMOLOGICAL EXAM

REPORT OF EYE EXAMINATION FOR
PROFESSIONAL BOXER/UNARMED COMBATANT
TO BE PERFORMED
BY AN OPHTHALMOLOGIST

Last Name _____ First Name _____ Middle _____ Date of Birth _____
Street Address _____ City _____ State _____ Zip _____
 Boxer Boxing Record: _____ MMA Fighter: MMA Record: _____

HISTORY

If possible provide the following information:

Name and hometown of physician in charge: _____

Has applicant ever had any of the following conditions:

- Blurred vision Yes No
- Surgical procedures done to his/her eye(s) or the tissues around the eye other than simple sutures of the skin around the eye? Yes No
- Has applicant ever been informed by a physician that he/she had significant eye problems such as retinal detachment, retinal tear, primary or secondary glaucoma, aphakia, pseudophakia, dislocated lens, or cataract? Yes No
If yes, please explain: _____
- Eye disease: Yes No List nature of disease: _____
- Eye injury: Yes No List nature of injury: _____
- Detached retina surgery on either eye: Yes No
List which eye and when and where surgery was done: _____

EXAMINATION

VISION:	Without	With Glasses
Right		
Left		

REFRACTION: If either eye is 20/40 or worse:							
Right		Sph		Cyl x		Acuity	
Left		Sph		Cyl x		Acuity	

Intraocular Tension Right _____ mmHg
Left _____ mmHg
Motility Normal _____ Abnormal _____
Binocular Vision Normal _____ Abnormal _____

Remarks: _____

SLIT LAMP EXAM

NORMAL

ABNORMAL

SPECIFIC ABNORMALITIES

	Right	Left	Right	Left	
Conjunctiva					
Cornea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Iris/Pupil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eyelids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INDIRECT OPHTHALMOSCOPY WITH SCLERAL DEPRESSION (Dilated Pupil)

NORMAL

ABNORMAL

SPECIFIC ABNORMALITIES

	Right	Left	Right	Left	
Disc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Macula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vessels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peripheral Retina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

THE COMMISSION WILL ONLY ACCEPT ORIGINAL EXAM SIGNED AND DATED BY OPHTHALMOLOGIST

OPHTHALMOLOGICAL EXAM

PAGE 2

The Commission shall deny, suspend, revoke, or place restrictions on the license of a professional boxer or martial arts fighter because of a medical or visual condition, (The Commission may also place restrictions for the same medical conditions on all amateur combatants under its jurisdiction) including but not limited to the following:

1. Uncorrected visual acuity of less than 20/200 in either eye or 20/60 with both eyes;
2. Corrected visual acuity of less than 20/60 in either eye, regardless of its cause;
3. A visual field of 60 degrees or less extending over one or more quadrants of the visual field;
4. Presence or history of retinal detachment or retinal tear unless treated by an ophthalmologist and then approved by an ophthalmologist specified by the Commission who then assesses that the boxer is at no significant risk of further injury to the retina if boxing is resumed. Such assessment shall occur both within five days before and five days after the contest;
5. Presence of primary or secondary glaucoma, whether or not such condition has been treated;
6. Presence of aphakia, pseudophakia, dislocated lens or cataract in either eye;
7. Any other visual condition which the Commission determines would prevent the applicant or licensee from safely engaging in boxing activities.

The examining physician is requested to mail a copy of any report, directly to the Commission of an applicant that has a condition that may preclude him/her from being licensed or cleared to participate in boxing activities.

REPORT OF EYE EXAMINATION FOR PROFESSIONAL BOXER / UNARMED COMBATANT BY AN OPTHALMOLOGIST

OPHTHALMOLOGIST REMARKS:

EXAMINATIONS BY AN OPTOMETRIST WILL NOT BE ACCEPTED

OPTOMETRISTS PLEASE DO NOT COMPLETE EYE EXAMINATION

OPHTHALMOLOGIST:

I have read the above criteria and, in accordance with the vision requirements as stated therein, have examined the applicant named on page one of this form and

I HAVE HAVE NOT medically cleared him/her to compete as a licensed boxer/unarmed combatant.

LICENSED OPTHALMOLOGIST NAME AND LICENSE NUMBER (please print)

OPHTHALMOLOGIST SIGNATURE

STREET ADDRESS

DATE

CITY

STATE

ZIP CODE

() _____
PHONE NUMBER

APPLICANT:

SIGNATURE OF CONTESTANT

DATE

NAME PRINTED

PHONE NUMBER

ANY ATTEMPT TO ALTER OR FALSIFY THIS DOCUMENT WILL RESULT IN FORFEITURE OF LICENSE AND/OR PROSECUTION IN A CRIMINAL COURT OF LAW.

EYE HISTORY

Has applicant every had any of the following conditions:

1. Blurred vision? Yes No
2. Surgical procedures done to his/her eye(s) or the tissues around the eye other than simple sutures of the skin around the eye?
 Yes No
3. Has applicant ever been informed by a physician that he/she had significant eye problems such as retinal detachment, retinal tear, primary or secondary glaucoma, aphakia, pseudophakia lens? Yes No

EYE EXAMINATION

Vision without glasses	
Left	Right

Vision with glasses	
Left	Right

Visual Field	
Left	Right

SEROLOGY

THE ORIGINAL REQUIRED LAB REPORT WITH APPLICANT'S NAME AND DATE THE TEST WAS PERFORMED MUST BE SUBMITTED.

REQUIRED LAB REPORTS TO INCLUDE: HIV, Hepatitis B (Surface Antigen) and Hepatitis C (Antibody)

EXAMINING PHYSICIAN (MUST BE AN MD OR DO PHYSICIAN)

I have examined the above named subject and I HAVE HAVE NOT medically cleared to fight.

Remarks: _____

PHYSICIAN'S NAME / LICENSE # (PLEASE PRINT) SIGNATURE BY (MD or DO) ONLY DATE

STREET ADDRESS

CITY STATE ZIP CODE PHONE NUMBER

MEDICAL RELEASE AUTHORIZATION

APPLICANT:

I AUTHORIZE any physician to release to the Arizona State Boxing Commission any of my medical records in his/her possession. I also authorize the Arizona State Boxing Commission to release any medical information or other personal information with respect to my status and licensure as a professional boxer or unarmed combatant which may be contained in any of its records to other State Commissions.

I agree that a photographic copy of this authorization shall be valid as the original.

I agree that this authorization will be valid for a period of one year from the date indicated in this document.

NAME OF APPLICANT (PLEASE PRINT) APPLICANT'S SIGNATURE DATE