

ARIZONA STATE BOXING AND MIXED MARTIAL ARTS COMMISSION

JANICE K. BREWER
GOVERNOR



DENNIS R. O'CONNELL
EXECUTIVE DIRECTOR

NOTICE OF AND AGENDA FOR A PUBLIC MEETING

Pursuant to Arizona Revised Statutes (A.R.S.) § 38-431.02, notice is hereby given to the members of the Arizona State Boxing and Mixed Martial Arts Commission and to the general public that the Commission will hold a meeting open to the public on Monday, July 8, 2013, beginning at 10:00 a.m. in Room 250, located at 1110 West Washington, Phoenix, Arizona.

One or more members of the Commission may participate in the meeting by telephonic communications. The agenda for this meeting follows. Any amendments or additions to the agenda will be made available at least 24 hours prior to the meeting. The public may obtain a detailed written description of the actions and all deliberations, consultations, and decisions by members of the public body that preceded and relate to these. Pursuant to A.R.S. § 38-431.03(A)(3), the Commission may vote to go into Executive Session for the purpose of obtaining legal advice from its attorney on any matter listed on the agenda. Any such Executive Session will not be open to the public.

Title 2 of the Americans with Disabilities Act (ADA) prohibits the Arizona State Boxing and Mixed Martial Arts Commission from discriminating on the basis of disability in its public meetings. Persons with a disability may request a reasonable accommodation such as a sign language interpreter, by contacting Matthew Valenzuela at (602) 364-1721. Requests should be made as early as possible to allow time to arrange the accommodation.

DATED AND POSTED this 3rd day of July, 2013.

ARIZONA STATE BOXING & MMA COMMISSION

By: *Dennis R. O'Connell*

Dennis R. O'Connell
Executive Director

** This document available in alternative formats by contacting the Boxing Commission at (602) 364-1721

1110 West Washington, Suite 260
Phoenix, AZ 85007

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

"AN EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER"

ARIZONA STATE BOXING AND
MIXED MARTIAL ARTS COMMISSION
1110 West Washington, 2nd Floor Suite 260
Phoenix, Arizona 85007

Monday, July 8, 2013, 10:00 a.m.

AGENDA

- A. **Call to Order:**
1. Approval of minutes of the regular monthly Commission meeting held on June 10, 2013.
- B. **License Applications:** Review, discussion and possible action on:
1. The amateur MMA Contestant's license application of Sheldon Miller per A.R.S. §§5-227, 5-228, and AAC R4-3-401 (36 years of age or older).
- C. **Event Requests:** Review, discussion and possible action on the following event requests (A.A.C. R4-3-405):
1. Request from Bellator Sport Worldwide, LLC for approval of an MMA event on Friday, September 20, 2013 at the Grand Canyon State University Arena, Phoenix, AZ.
 2. Request from Rene Nunez for approval of a professional boxing event at the Celebrity Theater on Saturday, August 17, 2013.
- D. **Information Reports:** Review, discussion and possible action on:
1. Updated event schedule.
- E. **New Business:** Review, discussion and possible action on:
None to report.
- F. **Old Business:** Review, discussion and possible action on:
1. Draft of proposed rule to implement uniform fees.
- G. **Commission Reports:** None.
- H. **Executive Session:** The Commission may vote to go into executive session on any of the foregoing agenda items for legal advice from its attorney pursuant to A.R.S. § 38-431.03(A)(3).

Call to the Public:

Those members of the public wishing to address the Commission must identify themselves and be recognized by the Chair. **Time permitting;** each presentation will be given approximately five minutes. Action taken as a result of public comment will be limited to directing staff to study the matter or re-schedule the matter for further consideration at a later date.

Announcements: The next regularly scheduled Commission meeting will be at 10:00 a.m. on Monday, August 12, 2013.

Adjournment

ARIZONA STATE BOXING AND
MIXED MARTIAL ARTS COMMISSION
1110 West Washington, 2nd Floor Suite 260
Phoenix, Arizona 85007

Monday, July 8, 2013, 10:00 a.m.

Materials

A copy of the agenda and background material provided to Commission Members, which is not exempt by law from public inspection, is available for public inspection at least twenty-four hours in advance of the meeting at the Department of Racing located at 1110 W. Washington Suite 260, Phoenix, AZ 85007.

MINUTES OF THE OPEN MEETING OF THE ARIZONA STATE
BOXING AND MIXED MARTIAL ARTS COMMISSION
On June 10, 2013

A meeting of the Arizona State Boxing and MMA Commission was held on March 11, 2013 at 1110 W. Washington Street, Room 250, Phoenix, Arizona 85007. The meeting was called to order at 10:01 a.m.

Members Present: Scott Fletcher, Chairman (via telephone)
Michael Preston Green, Commissioner
Joe Pennington, Commissioner (via telephone)

Also Present: Dennis R. O'Connell, Executive Director
Matthew Valenzuela, Boxing & MMA Assistant
Mary DeLaat Williams, Assistant Attorney General

A. Call to Order and Approval of Minutes:

Pursuant to motions from Mr. Green, seconded by Mr. Pennington, the minutes of the following Commission meetings were unanimously approved:

- a. The monthly meeting held on May 13, 2013.
- b. The Commission's Executive Session on May 13, 2013.
- c. The special meeting held on May 23, 2013.

B. License Applications: Following review and discussion by the Commission:

1. Pursuant to motion from Mr. Green, seconded by Mr. Pennington, the amateur MMA Contestant's license application of Chris Sims was unanimously approved per A.R.S. §§5-227, 5-228, and AAC R4-3-401 (36 years of age or older).
2. Pursuant to motion from Mr. Pennington, seconded by Mr. Green, the corporate Promoter's license Bellator Sport Worldwide, LLC was unanimously approved per A.R.S. §5-227, 5-228A., B., E., 5-229.

C. Event Requests:

1. Pursuant to motion from Mr. Green, seconded by Mr. Pennington, the MMA event requests from Mr. Adrian Romo for approval on an MMA show at the Rio Rico Country Club, Rio Rico, AZ on September 7, 2013 was unanimously approved. A.A.C. R4-3-405.

D. Information Reports:

1. Mr. O'Connell presented an updated event schedule.

E. New Business.

1. Mr. Valenzuela reported on the progress made toward having a separate web site for the Boxing and MMA Commission. It has been designed and tested and it is expected to become operational by the first of July.

2. Mr. O'Connell presented drafts of different versions of a proposed rule to implement uniform fees when the new boxing and MMA legislation (H.B. 2263) becomes effective. Further work is required on the language and on the question of the duration of the proposed rule.

F. Old Business.

1. Mr. O'Connell reported on the status of potential law enforcement action by the Maricopa County Attorney's Office (MCAO) based on the DPS report concerning forged medical exams and/or blood tests prepared in 2012 on behalf of two MMA contestants. No decision had yet been reached by the MACO.
2. Mr. O'Connell reported on the 4-hour MMA judge training program held June 1, 2013. It was conducted by Glenn Trowbridge from Las Vegas. 20 officials and other invitees attended. Everyone who attended found the program informative and instructive on the standards for judging MMA and on such things as what constitutes a 10-8 round.
3. Mr. O'Connell reported that he was served with a subpoena for deposition as a fact witness in the matter of D. Fowles vs. Gila River Gaming Enterprises, Gila River Indian Community Court, Case No. CV2011-0194.
4. The planned attendance at Association of Boxing Commissions' 2013 Annual Conference in San Antonio, TX, July 29-31 was discussed. Mr. Valenzuela plans on arrive on July 26 to take part in judging and refereeing seminars scheduled on July 27 and 28.

G. Commission Reports. There were none.

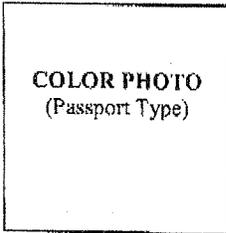
H. Call to the public. No one spoke.

I. Announcements. The next Commission meeting is scheduled for July 8, 2013 at 10:00 a.m.

Pursuant to motion from Mr. Pennington, seconded by Mr. Green, the meeting was adjourned at 10:54 a.m.

By Dennis R. O'Connell June 11, 2013

LICENSE APPLICATIONS



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: Sheldon LAST NAME: Miller MIDDLE NAME: Lamaris
 DATE OF BIRTH: 11/24/64 SOCIAL SECURITY #: 097-62-3591
 ADDRESS: 65 S. Parkwood Circle CITY: Mesa STATE/PROVINCE: AZ ZIP: 85208
 HEIGHT: 5'4" WEIGHT: 170 lbs. COLOR OF HAIR: Black COLOR OF EYES: Brown
 HOME PHONE: (480) 214-3541 E-MAIL ADDRESS: sheldonmiller@a.com
 BIRTHMARKS, SCARS OR TATTOO'S: none
(List area of body: Face, Neck, Back, Arm, Leg, etc.)
 YEARS OF EXPERIENCE: 1yr (none started training)

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.

Sheldon L. Miller 6/26/13
 Applicant's Signature Date

 Commission Representative Date

Email Form

Print Form

Official Use Only

AZ LICENSE NO. _____ EXPIRES 12/31/ _____ PAID Yes or No

Official Use Only

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

Date: 06/26/2013

Applicant's Name: Miller Sheldon L Social Security No: 097-62-3591
Last First M.I. (Jr, Sr., etc.) (Disclosure of your social security number is mandatory. ARS § 25-320)

Date of Birth: 11/24/1964 Other Names You Have Used (maiden/other) _____
Month Day Year

Place of Birth: Brooklyn, NY USA 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 65 S. Parkwood Circle Apartment, Suite, Floor _____
 City Mesa State AZ Zip Code 85208 Email sheldonmiller@q.com
 Home Phone (480) 214-3541 Work Phone _____ Cell Phone (480) 255-6344

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: No

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:
No

License Categories & Fees

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

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

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

**** Fingerprints are required for these licensed categories and Add'l \$22 Fee for Processing ****

**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.
- A foreign passport with a United States visa.
- 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.
- A tribal or bureau of Indian affairs affidavit of birth.
- 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.

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.

x Sheldon L. Miller
Signature of License Applicant

Date 6/26/13

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.

ARIZONA STATE BOXING AND MIXED MARTIAL ARTS COMMISSION

PHYSICAL EXAM PHYSICAL EXAMINATION FOR PROFESSIONAL BOXER/UNARMED COMBATANT

Applicant Phone: (480) 214-3541

APPLICANT INFORMATION

MALE FEMALE

Applicant Last Name Miller First Name Sheldon Middle L Date of Birth 11/24/1964
 Street Address 655 Parkwood Cir City Mesa State AZ Zip 85208

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 0 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 Normal Height 5'5.5" Weight 183 Temperature 97.3
 Disabling scars _____ Mouth _____ Teeth _____ Tonsils _____ Neck _____
 Pulse at rest 50 Blood pressure at rest _____
 Pulse after 100 hops 73 Blood pressure after 100 hops 123/110
 Blood pressure 2 minutes later 108/71
 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: Definitely
 Pelvic: Normal Yes No Remarks: _____
 Reflexes: Pupils PERLA Knee jerks normal Romberg 0 Babinski 0
 Skin: Rash none Boils _____ Any other unhealed wounds: _____
 Speech: Slurred? Yes No Other: _____
 General issues (memory, judgment): intact good judgement
 Remarks: _____

EYE HISTORY

Has applicant ever 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
20/20	20/20

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: _____

Lisa Anderson AP36618
 PHYSICIAN'S NAME LICENSE # (PLEASE PRINT)
 10238 Hampton Ave #504
 STREET ADDRESS
 Mesa CITY AZ STATE 85209 ZIP CODE 480 834-7546 PHONE NUMBER
 Signature: Sheldon K Miller DATE: 3/18/13

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.

Sheldon K Miller
 NAME OF APPLICANT (PLEASE PRINT) APPLICANT'S SIGNATURE DATE: 3/18/13

ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION

OPHTHALMOLOGICAL EXAM REPORT OF LIVE EXAMINATION FOR PROFESSIONAL BOXER/UNARMED COMBATANT TO BE PERFORMED BY AN OPHTHALMOLOGIST

Last Name Miller First Name Sheldon Middle Lamaris Date of Birth 11-24-64
 Street Address 65 S. Parkwood Circle City Mesa State AZ Zip 85208
 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:

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, dislocated lens, or cataract? Yes No
If yes, please explain: _____

4. Eye disease: Yes No List nature of disease: _____
5. Eye injury: Yes No List nature of injury: _____
6. Detached retina surgery on either eye: Yes No
List which eye and when and where surgery was done: _____

EXAMINATION

VISION	Without	With Glasses
Right	<u>20/15</u>	
Left	<u>20/15</u>	

REFRACTION (if either eye is 20/40 or worse)		Sph	Cyl x	Acuity
Right	<u>DU</u>	<u>0</u>	<u>0</u>	<u>20/15</u>
Left	<u>DU</u>	<u>0</u>	<u>0</u>	<u>20/15</u>

Intraocular Tension Right 11 mmHg Left 11 mmHg
 Motility Normal Abnormal _____
 Binocular Vision Normal Abnormal _____
 Remarks: _____

SLIT LAMP EXAM	NORMAL		ABNORMAL		SPECIFIC ABNORMALITIES
	Right	Left	Right	Left	
Conjunctiva	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cornea	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Iris/Pupil	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lens	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyelids	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Macula	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vessels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Peripheral Retna	<input checked="" type="checkbox"/>	<input checked="" 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 OPHTHALMOLOGIST

OPHTHALMOLOGIST REMARKS: Normal dilated exam.

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.

Jonathan Levin, MD 44485
LICENSED OPHTHALMOLOGIST NAME AND LICENSE NUMBER (please print)
18325 N. Allied Way Suite 100
STREET ADDRESS
Phoenix AZ 85054
CITY STATE ZIP CODE

[Signature]
OPHTHALMOLOGIST SIGNATURE
6/25/13
DATE
(602) 467-4966
PHONE NUMBER

APPLICANT:

Sheldon Miller
SIGNATURE OF CONTESTANT
Sheldon L Miller
NAME PRINTED

6/25/13
DATE
480 225-6344
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.

Patient: Miller, Sheldon DOB: 11/24/1964 Sex: M Acct #: 0000355277 Fasting: Yes
 Ordering Provider: Eckerson, Lisa M
 Order Number (Clinic/Lab): 07882023500/07882023500 Alt Requisition: B0002683351
 Collection: 03/19/2013 10:10:00 Lab Receipt: 03/19/2013 10:57:00 Results: 03/22/2013
 08:14:00

Electronically signed off by Lisa M Eckerson, N.P. on 03/22/2013

TEST DESCRIPTION	OUT-OF-RANGE	IN-RANGE	UNITS	EXPECTED
Result Status Key: X - Test canceled or cannot be obtained				
<i>Patient is Fasting</i>				
257188 - HP4				
Hep A Ab, IgM:		Negative		Negative
HBsAg Screen:		Negative		Negative
Hep B Core Ab, IgM:		Negative		Negative
HCV Ab:		<0.1	s/co ratio	0.0-0.9

144067 - Comment: (auto-generated/reflex)

Parent Result: 144067

Comment: :

Non reactive HCV antibody screen is consistent with no HCV infection, unless recent infection is suspected or other evidence exists to indicate HCV infection.

5009 - CBC With Differential/Platelet

WBC:	3.7		x10E3/uL	4.0-10.5
RBC:		4.36	x10E6/uL	4.14-5.80
Hemoglobin:		13.8	g/dL	12.6-17.7
Hematocrit:		40.6	%	37.5-51.0
MCV:		93	fL	79-97
MCH:		31.7	pg	26.6-33.0
MCHC:		34.0	g/dL	31.5-35.7
RDW:		14.1	%	12.3-15.4
Platelets:		268	x10E3/uL	140-415
Neutrophils:	36		%	40-74
Lymphs:	54		%	14-46
Monocytes:		7	%	4-13
Eos:		2	%	0-7
Basos:		1	%	0-3
Immature Cells:		(X)		
Neutrophils (Absolute):	1.3		x10E3/uL	1.8-7.8
Lymphs (Absolute):		2.1	x10E3/uL	0.7-4.5
Monocytes(Absolute):		0.2	x10E3/uL	0.1-1.0
Eos (Absolute):		0.1	x10E3/uL	0.0-0.4
Baso (Absolute):		0.0	x10E3/uL	0.0-0.2
Immature Granulocytes:		0	%	0-2
Immature Grans (Abs):		0.0	x10E3/uL	0.0-0.1
NRBC:		(X)		

Patient: Miller, Sheldon DOB: 11/24/1964 Sex: M Acct #: 0000355277 Fasting: Yes
 Ordering Provider: Eckerson, Lisa M
 Order Number (Clinic/Lab): 07882023500/07882023500 Alt Requisition: B0002683351
 Collection: 03/19/2013 10:10:00 Lab Receipt: 03/19/2013 10:57:00 Results: 03/22/2013 08:14:00

Electronically signed off by Lisa M Eckerson, N.P. on 03/22/2013

TEST DESCRIPTION	OUT-OF-RANGE	IN-RANGE	UNITS	EXPECTED
Result Status Key: X - Test canceled or cannot be obtained				
Hematology Comments::		(X)		
322000 - Comp. Metabolic Panel (14)				
Glucose, Serum:		99	mg/dL	65-99
BUN:		15	mg/dL	6-24
Creatinine, Serum:		1.04	mg/dL	0.76-1.27
eGFR If NonAfricn Am:		85	mL/min/1.73	>59
eGFR If Africn Am:		98	mL/min/1.73	>59
BUN/Creatinine Ratio:		14		9-20
Sodium, Serum:		138	mmol/L	134-144
Potassium, Serum:	3.3		mmol/L	3.5-5.2
Chloride, Serum:		103	mmol/L	97-108
Carbon Dioxide, Total:		20	mmol/L	20-32
Calcium, Serum:		9.2	mg/dL	8.7-10.2
Protein, Total, Serum:		6.9	g/dL	6.0-8.5
Albumin, Serum:		4.4	g/dL	3.5-5.5
Globulin, Total:		2.5	g/dL	1.5-4.5
A/G Ratio:		1.8		1.1-2.5
Bilirubin, Total:		0.5	mg/dL	0.0-1.2
Alkaline Phosphatase, s:		59	IU/L	25-150
AST (SGOT):		32	IU/L	0-40
ALT (SGPT):		28	IU/L	0-44
330731 - LP				
Cholesterol, Total:		173	mg/dL	100-199
Triglycerides:		138	mg/dL	0-149
HDL Cholesterol:		70	mg/dL	>39
<i>According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.</i>				
VLDL Cholesterol Calc:		28	mg/dL	5-40
LDL Cholesterol Calc:		75	mg/dL	0-99
83824 - Panel 083824				
HIV 1/0/2 Abs-Index Value:		<1.00		<1.00
<i>Index Value: Specimen reactivity relative to the negative cutoff.</i>				
HIV 1/0/2 Abs, Qual:		Non Reactive		Non Reactive
183194 - Chlamydia/GC Amplification				
<i>Specimen Source: UR</i>				

Patient: Miller, Sheldon DOB: 11/24/1964 Sex: M Acct #: 0000355277 Fasting: Yes
 Ordering Provider: Eckerson, Lisa M
 Order Number (Clinic/Lab): 07882023500/07882023500 Alt Requisition: B0002683351
 Collection: 03/19/2013 10:10:00 Lab Receipt: 03/19/2013 10:57:00 Results: 03/22/2013 08:14:00

Electronically signed off by Lisa M Eckerson, N.P. on 03/22/2013

TEST DESCRIPTION	OUT-OF-RANGE	IN-RANGE	UNITS	EXPECTED
Result Status Key: X - Test canceled or cannot be obtained				
Chlamydia trachomatis, NAA:		Negative		Negative
Neisseria gonorrhoeae, NAA:		Negative		Negative

Please note:
 Acceptable specimens for this test are male urethral swab, endocervical swab and liquid based pap specimens, vaginal swabs in APTIMA transports and first void urine. See online Directory of Services for test number for rectal and pharyngeal specimens.

4259 - TSH				
TSH:		3.460	uIU/mL	0.450-4.500

12005 - RPR, Rfx Qn RPR/Confirm TP				
RPR:		Non Reactive		Non Reactive

163147 - HSV Type 2-Specific Ab, IgG				
HSV 2 IgG, Type Spec:		<0.91	index	0.00-0.90
		Negative	<0.91	
		Equivocal	0.91 - 1.09	
		Positive	>1.09	

Note: Negative indicates no antibodies detected to HSV-2. Equivocal may suggest early infection. If clinically appropriate, retest at later date. Positive indicates antibodies detected to HSV-2; coinfection with HSV-1 cannot be excluded without type specific testing.

Performing Laboratory: LabCorp Phoenix, 3930 E Watkins Suite 300&&Phoenix&AZ&850347251# PD

Performing Laboratory: LabCorp Burlington, 1447 York Court&&Burlington&NC&272153361# BN

EVENT REQUESTS

ARIZONA STATE BOXING AND MMA COMMISSION

PROMOTER EVENT REQUEST APPLICATION

Request for an event sanction must be made no later than thirty days in advance. The Commission urges the promoter/corporation to apply as far in advance as possible to ensure that the request can be placed on a Commission agenda for consideration.

In addition to a copy of the contract between the promoter and the venue, the Commission will require additional information/disclosures from the promoter pursuant to the Professional Boxing Safety Act of 1996, 15 USC 89, Sec. 6307e., and compliance with the Arizona Revised Statutes 5-221 et seq., and the rules promulgated thereunder.

EVENT INFORMATION

NAME OF PROMOTER / CORPORATION: BJORN REBNEY (Bellator Sport Worldwide) LLC		PHONE: 949-222-3400	
STREET ADDRESS 5005 BIRCH ST, STE 7100		CITY NEWPORT BEACH	STATE CA
		ZIP CODE 92660	
MATCHMAKER: SAM CAPLAN		MATCHMAKER PHONE: 949-222-3400	
TYPE OF EVENT: <input type="checkbox"/> BOXING <input checked="" type="checkbox"/> MIXED MARTIAL ARTS <input type="checkbox"/> KICK BOXING <input type="checkbox"/> OTHER, DESCRIBE:			
DATE OF EVENT: 9/20/13	TIME OF EVENT: 5:00 PM	# OF BOUTS: 10	TIME OF FIRST BOUT: 6:00 PM
VENUE OF PROPOSED EVENT: GRAND CANYON UNIVERSITY ARENA			
VENUE LOCATION: STREET ADDRESS 3300 W. CAMELBACK RD		CITY PHOENIX	STATE AZ
		ZIP CODE 85017	
WEIGH-IN SITE: TBD		WEIGH-IN DATE: 9/19/13	
WEIGH-IN ADDRESS: STREET ADDRESS ---		CITY	STATE
		ZIP CODE	WEIGH-IN TIME: 5:00 PM

CONTACT INFORMATION

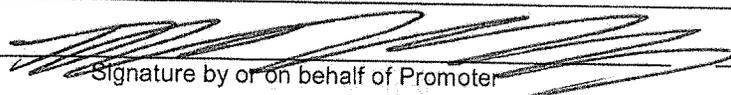
List ALL event contact persons:

NAME	RELATIONSHIP	PHONE NUMBER	E-MAIL
CHRISTIAN PRINTUP	DIR. OF OPS	OFFICE 949-222-3400 CELL 714-524-0649	christian@bellator.com

FINANCIAL INTEREST

List ALL persons having a financial interest in the promotion:

NAME	ADDRESS	PHONE NUMBER


Signature by or on behalf of Promoter


Date **6/11/13**

DATE RECEIVED

ARIZONA BOXING AND MMA COMMISSION

PROMOTER EVENT REQUEST APPLICATION

Request for an event sanction must be made no later than thirty days in advance. The Commission urges the promoter/corporation to apply as far in advance as possible to ensure that the request can be placed on a Commission agenda for consideration.

In addition to a copy of the contract between the promoter and the venue, the Commission will require additional information/disclosures from the promoter pursuant to the Professional Boxing Safety Act of 1996, 15 USC 89, Sec. 6307e., and compliance with the Arizona Revised Statutes 5-221 et seq., and the rules promulgated thereunder.

EVENT INFORMATION

NAME OF PROMOTER / CORPORATION: <i>Rene Nunez P promotions</i>		PHONE: <i>520 358 2451</i>	
STREET ADDRESS <i>1235 N Painted Hills</i>		CITY <i>Tucson</i>	STATE <i>AZ</i>
		ZIP CODE <i>85745</i>	
MATCHMAKER: <i>T-B-A</i>		MATCHMAKER PHONE: <i>/</i>	
TYPE OF EVENT: <input checked="" type="checkbox"/> BOXING <input type="checkbox"/> MIXED MARTIAL ARTS <input type="checkbox"/> KICK BOXING <input type="checkbox"/> OTHER, DESCRIBE:			
DATE OF EVENT: <i>8/17/13</i>	TIME OF EVENT: <i>5:00</i>	# OF BOUTS: <i>10</i>	TIME OF FIRST BOUT: <i>6:00</i>
VENUE OF PROPOSED EVENT: <i>Celebrity theater</i>			
VENUE LOCATION: <i>440 N 32nd st</i>		CITY <i>Phx</i>	STATE <i>AZ</i>
		ZIP CODE <i>85008</i>	
WEIGH-IN SITE: <i>T-B-D</i>		WEIGH-IN DATE:	
WEIGH-IN ADDRESS: <i>STREET ADDRESS</i>		CITY	STATE
		ZIP CODE	WEIGH-IN TIME:

CONTACT INFORMATION

List ALL event contact persons:

NAME	RELATIONSHIP	PHONE NUMBER	E-MAIL
<i>Aljeia Klein</i>	<i>manager</i>	<i>602 267 1600</i>	<i>www.Celebrity-theater.com</i>

FINANCIAL INTEREST

List ALL persons having a financial interest in the promotion:

NAME	ADDRESS	PHONE NUMBER

_____ 6-18-13
 Signature by or on behalf of Promoter Date

DATE RECEIVED

ADR804 (11/6/2012)

1110 West Washington, Suite 260
 Phoenix, Arizona 85007
 Phone: (602) 364-1721 Fax: (602) 364-1703
www.azracing.gov

"AN EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER"

EVENT SCHEDULE

ARIZONA STATE BOXING & MMA COMMISSION

JANICE K. BREWER
GOVERNOR



Dennis R. O'Connell
Executive Director

EVENT SCHEDULE As of July 3, 2013

DATE: **Pro Boxing**, Saturday, July 20, 2013
PROMOTER: Ironboy Promotions
TIME & PLACE: 7:00 p.m., Celebrity Theater, Phoenix, AZ
WEIGH-INS: Friday July 19, 2013 TBD

DATE: **MMA Show**, Saturday, July 20, 2013
PROMOTER: King of the Cage
TIME & PLACE: Talking Stick Resort & Casino, 9800 E. Indian Bend, Scottsdale; 7:00 p.m.
WEIGH-INS: Fri., July 19 at venue

DATE: **MMA Show**, Saturday, August 10, 2013
PROMOTER: Roland Sarria, Rage in the Cage
TIME & PLACE: 7:30 p.m., Gila River, Wild Horse Pass Casino Resort
WEIGH-INS: 5:00 p.m. same day at venue

DATE: **Pro Boxing**, Saturday, August 17, 2013
PROMOTER: Rene Nunez Promotions
TIME & PLACE: 6:00 p.m., Celebrity Theater, Phoenix, AZ
WEIGH-INS: Friday August 16, 2013 TBD

Event request pending

DATE: **MMA Show** Saturday, August 31, 2013
PROMOTER: Crank It Up Promotions
TIME & PLACE: 8:00 p.m., Arizona Event Center, 1300 S. Country Club, Mesa.
WEIGH-INS: 7:00 p.m., Friday, August 30, 2013 at venue.

DATE: **MMA Show**, Saturday, September 7, 2013
PROMOTER: Ringside Promotions
TIME & PLACE: 7:00 p.m., Rio Rico Country Club, Rio Rico, AZ
WEIGH-INS: 7:00 p.m. Fri., September 6, 2013 at venue

DATE: **MMA Show**, Friday, September 20, 2013
PROMOTER: Bellator Sport Worldwide LLC
TIME & PLACE: 5:00 p.m., Grand Canton Univ. Arena, Phoenix
WEIGH-INS: 5:00 p.m. Thursday, Sept. 19 TBD

Event request pending

DATE: **Pro Boxing**, Saturday September 21, 2013
PROMOTER: Ironboy Promotions
TIME & PLACE: 7:00 p.m., Celebrity Theater, Phoenix, AZ
WEIGH-INS: Friday, September 20, 2013 TBD

DATE: **MMA Show**, Saturday, September 28, 2013
PROMOTER: King of the Cage
TIME & PLACE: Talking Stick Resort & Casino, 9800 E. Indian Bend, Scottsdale; 7:00 p.m.
WEIGH-INS: Fri., Sept. 27 at venue

1110 West Washington, Suite 260
Phoenix, AZ 85007

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

"AN EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER"

ARIZONA STATE BOXING & MMA COMMISSION

JANICE K. BREWER
GOVERNOR



Dennis R. O'Connell
Executive Director

DATE: **MMA Show**, Saturday, October 12, 2013
PROMOTER: Roland Sarria, Rage in the Cage
TIME & PLACE: 7:30 p.m., Gila River, Wild Horse Pass Casino Resort
WEIGH-INS: 5:00 p.m. same day at venue

DATE: **MMA Show**, Saturday, October 26, 2013
PROMOTER: Ringside Promotions
TIME & PLACE: 7:00 p.m., Blue Water Casino & Resort, Parker AZ
WEIGH-INS: 7:00 p.m. Fri., October 25, 2013 at venue

DATE: **Pro Boxing**, Saturday November 16, 2013
PROMOTER: Ironboy Promotions
TIME & PLACE: 7:00 p.m., Celebrity Theater, Phoenix, AZ
WEIGH-INS: Friday, November 15, 2013 TBD

DATE: **MMA Show**, Saturday, November 23, 2013
PROMOTER: Roland Sarria, Rage in the Cage
TIME & PLACE: 7:30 p.m., Gila River, Wild Horse Pass Casino Resort
WEIGH-INS: 5:00 p.m. same day at venue

1110 West Washington, Suite 260
Phoenix, AZ 85007

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

"AN EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER"

OLD BUSINESS

UNIFORM FEE IMPLEMENTATION

The Arizona Boxing and Mixed Martial Arts Commission hereby establishes and implements the following uniform fees under A.R.S. §5-225.D:

1. At the time an event request is submitted for Commission approval; the following fees for mixed martial arts and boxing events shall be paid to the Commission:
 - a. \$500.00 for non televised events at a venue seating 5000 persons or less.
 - b. \$1000.00 for non televised events at a venue seating more than 5000 persons or for events televised on a local or regional television network. (e.g., Telemundo.)
 - c. \$2000.00 for nationally televised events that do not include a world title bout. (e.g., Friday Night Fights on ESPN)
 - d. \$2500.00 for nationally televised events that include a world title bout.
 - e. \$3000.00 for pay-per-view cable televised events.
2. If an event has been previously approved by the Commission, at any time an event date change request is submitted for Commission approval, a fee of \$250.00 shall be paid to the Commission.

[The Executive Director may establish a fee not to exceed \$3000.00 for an event that is not within the categories set forth in 1. a-e above.]

The above fees shall payable from and after September 12, 2013 for all event requests and event date change requests made on or after the effective date.