



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC SAFETY
STATE ATHLETIC COMMISSION

PLEASE SUBMIT APPLICATION TO:
ONE ASHBURTON PLACE, ROOM 1301, BOSTON, MASSACHUSETTS 02108

**APPLICATION FOR MIXED MARTIAL
 ARTS SECOND'S LICENSE**
 (Please Type or Print Legibly)
 (Illegible or incomplete applications will not be accepted)

BACKGROUND INFORMATION

NAME _____
 First Middle Initial Last

ADDRESS _____
 Street City State Zip

DAYTIME TELEPHONE # (_____) _____ SOCIAL SECURITY # _____

DATE OF BIRTH ____ / ____ / ____ PLACE OF BIRTH _____

E-MAIL ADDRESS _____ OCCUPATION _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____
 Street City State Zip

EMPLOYER'S TELEPHONE # (_____) _____

HAVE YOU EVER BEEN LICENSED AS A SECOND IN ANOTHER STATE? _____

IF YES, WHICH STATES? _____

THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION

(check box indicating compliance)

- \$50 application fee
- two 1 inch by 1 inch photographs of the applicant's head (without headwear)
- copy of a government issued photo identification (e.g.- driver's license)

PLEASE OUTLINE YOUR EXPERIENCE AND EXPLAIN WHY YOU BELIEVE YOU ARE QUALIFIED TO HOLD A SECOND'S LICENSE:

ATTESTATION

I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge. Further, I certify that I have filed all required tax returns and paid all state taxes as required by law.

Signature of applicant

Date

FOR COMMISSION USE ONLY

DATE OF COMMISSION REVIEW: _____

APPROVED _____ **DENIED** _____

DATE LICENSE MAILED: _____

REASON FOR DENIAL:

