



**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 FIGHTER'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 # (_____) _____

HEIGHT _____ PRESENT WEIGHT _____

AMATEUR RECORD _____ PROFESSIONAL RECORD _____

NAME AND ADDRESS OF TRAINER _____

DO YOU PRESENTLY SUFFER FROM ANY KNOWN MEDICAL CONDITION THAT WOULD MAKE IT UNSAFE FOR YOU TO ENGAGE IN AN UNARMED COMBATIVE SPORTING EVENT? YES NO

HAVE YOU EVER BEEN HOSPITALIZED DUE TO AN UNARMED COMBAT RELATED INJURY? IF YES, PLEASE ATTACH A WRITTEN EXPLANATION. YES NO

THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION

(check box indicating compliance):

- \$75 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)
- copy of birth certificate
- evidence of a complete annual physical examination (including neurological and cardiac testing)
- evidence of an electrocardiogram (EKG) within one year preceding the date of the application
- evidence of a negative test for HIV, Hepatitis BsAG, and Hepatitis Cab within six months preceding the date of the application
- evidence of a dilated eye examination by an optometrist or ophthalmologist within one year preceding the date of application
- (for renewals only) evidence of a brain CT, brain MRI, or neurological examination performed by a neurologist or neurosurgeon within three years preceding the date of application
- (women only) evidence of a gynecological examination within one year preceding the date of the application (may be part of the annual physical)
- (women only) evidence of a pregnancy test within one day prior to a scheduled fight will be required

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:

