



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC SAFETY
STATE ATHLETIC COMMISSION

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

PROFESSIONAL DEBUT IN MASSACHUSETTS FORM

BIOGRAPHICAL INFORMATION

NAME OF FIGHTER: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

HEIGHT: _____ WEIGHT: _____

HOME ADDRESS: _____

SPORT FOR WHICH YOU ARE SEEKING LICENSURE: BOXING MMA UNARMED COMBAT

DISCIPLINE: _____

EXPERIENCE

AMATEUR RECORD: _____ ATTACH RESULTS LIST OF ALL AMATEUR FIGHTS

PROFESSIONAL RECORD: _____ ATTACH RESULTS LIST OF ALL PRO FIGHTS

-OTHER STATES IN WHICH YOU HAVE BEEN LICENSED AS A PROFESSIONAL: _____

LENGTH OF TRAINING PERIOD FOR PRESENT MATCH: _____

NAME AND ADDRESS OF TRAINER: _____

NAME AND ADDRESS OF MANAGER (IF ANY): _____

NAME AND ADDRESS OF PRIMARY TRAINING GYM: _____

(FOR MMA FIGHTERS) PRIMARY DISCIPLINE: _____

ATTESTATION

Two INDIVIDUALS WITH PERSONAL KNOWLEDGE MUST ATTEST AS TO THE FITNESS OF THE FIGHTER TO PARTICIPATE IN A PROFESSIONAL MATCH BY COMPLETING THE SECTIONS BELOW. ONE OF THE INDIVIDUALS MUST BE THE FIGHTER'S TRAINER.

1. I, _____, HEREBY SWEAR OR ATTEST UNDER THE PAINS AND PENALTIES OF PERJURY THAT IN MY OPINION THE ABOVE NAMED FIGHTER HAS THE NECESSARY SKILLS AND IS OTHERWISE FIT TO COMPETE IN A PROFESSIONAL _____ MATCH.

(INSERT SPORT)

-RELATIONSHIP TO FIGHTER: _____ TRAINER _____

-MA TRAINER'S LICENSE # _____

-LENGTH OF TIME KNOWN FIGHTER: _____

-PHONE #: _(_____)_____ -EMAIL: _____

-ADDRESS _____

SIGNATURE

DATE

2. I, _____, HEREBY SWEAR OR ATTEST UNDER THE PAINS AND PENALTIES OF PERJURY THAT IN MY OPINION THE ABOVE NAMED FIGHTER HAS THE NECESSARY SKILLS AND IS OTHERWISE FIT TO COMPETE IN A PROFESSIONAL _____ MATCH.

(INSERT SPORT)

-RELATIONSHIP TO FIGHTER: _____

-LENGTH OF TIME KNOWN FIGHTER: _____

-PHONE #: _(_____)_____ -EMAIL: _____

-ADDRESS _____

SIGNATURE

DATE

