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 TRAINER'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 TRAINER IN ANOTHER STATE? _____

IF YES, WHICH STATES? _____

NUMBER OF FIGHTERS YOU ARE PRESENTLY TRAINING? _____

PRIMARY LOCATION WHERE TRAINING OCCURS _____

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 TRAINERS 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: