

State Athletic Control Board

P.O. Box 180 • Trenton, NJ 08625-0180 • (609) 292-0317

TO: **PROFESSIONAL BOXING/MIXED MARTIAL ARTS/KICKBOXING MATCHMAKER**
AMATEUR MIXED MARTIAL ARTS/KICKBOXING/MUAY THAI MATCHMAKER
Application for **LICENSE PERIOD (INITIAL/RENEWAL): July 1 – June 30**

Enclosed are the annual requirements for license as a Professional Boxing/Mixed Martial Arts/Kickboxing and Amateur Mixed Martial Arts/Kickboxing/Muay Thai Matchmaker in the State of New Jersey.

You must submit the following to this office:

1. Completed Application Forms;
2. Completed Business History Form;
3. Most Current Tax Returns;
4. Check or money order in the amount of \$100.00, made payable to the State Athletic Control Board
5. A digital photo ID (driver's license or passport) e-mailed via jpeg or bitmap format (cannot be faxed) – if applicable
6. A digital "Head shot" photo e-mailed jpeg or bitmap format (cannot be faxed) – if applicable

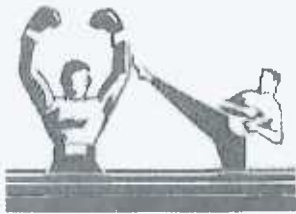
E-Mail: SACBLicensing@Lps.state.nj.us

AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU, DELAYING ISSUE OF YOUR LICENSE AND FUTURE SHOW ASSIGNMENTS.

LICENSEES ARE REMINDED: You are subject to the requirements of State Athletic Control Board Rules, provided by Chapter 46 of New Jersey's Administrative Code.

If there are any questions regarding your application, please contact this office at (609) 292-0317.

LH/g
Enclosures
05.11.16



Dear Applicant:

Please be advised that new procedures for obtaining a SACB license are being implemented. Please note and adhere to the directions below.

Procedures for Applicants Scheduled to Work an Event
(this includes initial and/or renewal status)

CONTACT EVENT PROMOTER AND/OR MATCHMAKER BEFORE COMPLETING THE BELOW STEPS

All application packets must be completed in full and received by the **Promoter** and/or **Matchmaker** no later than three (3) days prior to the event. Application packets will consist of:

- An application
- A digital photo ID (driver's license or passport) e-mailed via jpeg or bitmap format (cannot be faxed) – if applicable
- A digital "head shot" photo e-mailed jpeg or bitmap format (cannot be faxed) – if applicable
- License fee/s will be deducted from the fighter's purse

No license will be issued until all requirements are met.

SECTION I - All Applicants Complete Check (✓) or circle Type/s of License

Last Name:	CONTESTANT	MANAGER	SECOND	ANNOUNCER <input type="checkbox"/> \$100
	Boxer <input type="checkbox"/> \$5	Boxing <input type="checkbox"/> \$25	Boxing <input type="checkbox"/> \$25	TIMEKEEPER <input type="checkbox"/> \$100
First Name:	Kickboxer <input type="checkbox"/> \$5	Kickboxer <input type="checkbox"/> \$25	Kickboxer <input type="checkbox"/> \$25	INSPECTOR <input type="checkbox"/> \$0
	MMA <input type="checkbox"/> \$5	MMA <input type="checkbox"/> \$25	MMA <input type="checkbox"/> \$25	PHYSICIAN <input type="checkbox"/> \$0
Middle Name:	REFEREE	JUDGE	PROMOTER	MATCHMAKER
	Boxing <input type="checkbox"/> \$100	Boxing <input type="checkbox"/> \$100	Boxing <input type="checkbox"/> \$300	Boxing <input type="checkbox"/> \$100
AKA or Alias:	Kickboxing <input type="checkbox"/> \$100	Kickboxing <input type="checkbox"/> \$100	Kickboxing <input type="checkbox"/> \$300	Kickboxing <input type="checkbox"/> \$100
	MMA <input type="checkbox"/> \$100	MMA <input type="checkbox"/> \$100	MMA <input type="checkbox"/> \$300	MMA <input type="checkbox"/> \$100
	Amateur MMA <input type="checkbox"/> \$100	Amateur MMA <input type="checkbox"/> \$100	Amateur MMA <input type="checkbox"/> \$300	Amateur MMA <input type="checkbox"/> \$100

Address:	City:	State:	Zip:	Country:
Mailing Address:	City:	State:	Zip:	Country:

Date of Birth: ____/____/____	Sex: Male Female	Have you ever been convicted of a crime? If yes, explain: YES NO
Social Security No. ____/____/____	Height Weight	Are you presently on any suspension list? If yes, please explain: YES NO
Citizenship:	Place of Birth (City/State):	Have you ever been disqualified in any contest or disciplined for your actions during a contest? If yes, please explain: YES NO
E-Mail:		Has any license you've held been revoked? YES NO If yes, please explain:
Telephone:(Residence) ()	Telephone:(Business) ()	List all other Athletic Commissions in which you are licensed:
Telephone: (Cell) ()	Fax: ()	NJSACB Office Use

Section II - Boxer's, Kickboxer's & Mixed Martial Artist Only - Please Print

Have you ever been hospitalized due to an injury suffered in any contest? If YES, please explain YES NO	Do you have any current medical conditions? YES NO If YES, please explain.
Have you had amateur experience? YES NO Amateur Record: _____ Number of Fights: _____	
Submission Grappling Record: _____ Name of Gym or Club where you trained: _____	
Do you have a Manager and/or Trainer ? YES NO If yes, provide name	
Manager Name: _____	Address: _____ Contact # _____
Trainer Name: _____	Address: _____ Contact# _____

SECTION II (continued) **Fighters Only Communicable Bodily Fluid Virus High-Risk Questionnaire****

1. Do you have any immediate family members who have HIV, Hepatitis B or C? **YES NO** If yes, please provide detail.

2. Have you received a transfusion of blood or blood components? **YES NO** If yes, specify date, location, reason

3. Have you had surgery requiring blood products? **YES NO** If yes, specify date, location, reason

4. Have you used injectable drugs? **YES NO** If yes, specify date of most recent injection _____
5. Have you been sexually active with an individual who has HIV, Hepatitis B or C? **YES NO** If Yes, please provide most recent date of such activity: _____
6. Have you engaged in unprotected sex? **YES NO** If Yes, please provide most recent date of such activity _____
7. Have you had sex with a injectable user? **YES NO** If Yes, please provide most recent date of such activity _____
8. Have you worked in a health care or laboratory setting? **YES NO** If Yes, please provide appropriate dates:

9. Have you been imprisoned or worked in a prison or any type of correctional facility: **YES NO** If Yes provide appropriate dates: _____
10. Do you have any tattoos or body piercing? **YES NO** If Yes, when was most recent one obtained _____
11. Do you have any reason to believe that you may have contracted HIV or Hepatitis B or C at anytime? **YES NO**
If Yes, explain: _____

SECTION III (Manger's and Second's Only) Please Print

List names of fighter/s which you currently manage or second: _____

Do you know of any medical conditions the above fighter(s) currently have? **Yes No** If YES, please explain: _____

SECTION IV - ALL APPLICANTS MUST COMPLETE THIS SECTION - Child Support Certification Process

Please certify, under penalty of perjury, the following::

Yes	No	1) Do you currently have a child support obligation?
Yes	No	1a) If YES, are you in arrears in payment of said obligation?
Yes	No	1b) If "YES", does the arrearage match or exceed the total amount payable for the past six months
Yes	No	2) Have you failed to provide any court ordered health insurance coverage during the past six months
Yes	No	3) Have you failed to respond to a subpoena relating to either paternity or child-support proceeding?
Yes	No	4) Are you the subject of a child-support related arrest warrant?

In accordance with N.J.S.A. 2A:17-56.44d, an answer "Yes" to any of the numbered questions 1a through 4 will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

I THE UNDERSIGNED HEREBY DECLARE THAT I HAVE READ THIS APPLICATION AND THAT ALL THE ANSWERS TO THE QUESTIONS ARE TRUE, AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FAILURE TO ANSWER SHALL CONSTITUTE GROUNDS FOR LICENSE REVOCATION AND OR OTHER APPLICABLE LEGAL PENALTIES.

I ALSO UNDERSTAND THAT BY SIGNING THIS APPLICATION THAT I AM AUTHORIZING THE STATE ATHLETIC CONTROL BOARD TO CONDUCT A FULL INVESTIGATION INTO MY BACKGROUND AND ACTIVITIES. I UNDERSTAND THAT THE OFFICE OF THE ATTORNEY GENERAL AND THE NEW JERSEY STATE POLICE MAY PARTICIPATE IN THIS BACKGROUND INVESTIGATION.

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE BOARDS, EMPLOYERS, EDUCATION INSTITUTIONS FINANCIAL INSTITUTIONS AND ALL GOVERNMENT AGENCIES, FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC. I HAVE APPLIED FOR A LICENSE WITH STATE ATHLETIC CONTROL BOARD AND FOR THE PURPOSE OF THIS APPLICATION, YOU ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL INFORMATION PERTAINING TO ME, DOCUMENTARY OR OTHERWISE, AS REQUESTED BY ANY APPROPRIATE EMPLOYEE, AGENT OR REPRESENTATIVE OF THE STATE ATHLETIC CONTROL BOARD, THE OFFICE OF THE ATTORNEY GENERAL OR THE NEW JERSEY STATE POLICE.

I THE UNDERSIGNED STATE THAT A PHOTOSTATIC OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

FURTHER, I AM AWARE AND AGREE THAT MY SIGNATURE CONSTITUTES A WAIVER OF LIABILITY AS TO THE STATE OF NEW JERSEY AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGE RESULTING IN DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSURE CONSIDERATION PROCESS OR DURING ANY INVESTIGATIONS, INQUIRY OR HEARING.

I HEREBY AUTHORIZE THAT RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION TO THIS AGENCY ONLY FOR THE EXPRESS PURPOSE OF PROCESSING MY APPLICATION FOR A LICENSE. THE AUTHORITY TO REQUEST CRIMINAL INFORMATION IS SET FORTH IN THE N.J.S.A. 5:2a-15.

I UNDERSTAND THAT THE DISCLOSURE OF MY SOCIAL SECURITY NUMBER ON THIS APPLICATION IS VOLUNTARY AND THAT IT WILL ONLY BE USED FOR PURPOSES OF PROCESSING MY APPLICATION.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

NEW JERSEY STATE ATHLETIC CONTROL BOARD BUSINESS HISTORY

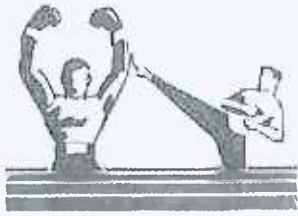
1. Please provide name, date of birth and social security number:

2. During the last five-year period, have you ever had any license, permit, or certificate issued by a government agency in this State or any other jurisdiction denied, suspended or revoked? _____ If yes, state (i) the name and nature of the license or certificate denied, suspended or revoked (ii) the name and location of the government agency taking such action (iii) the date of each such action and (iv) the reasons for each such action.

3. Has any petition under any provision of the Federal Bankruptcy Act or under any State insolvency law been filed by or against you in the last five-year period? _____ If yes, provide (i) the name and location of the court or agency where such petition was filed, (ii) the type of petition filed (iii) the date of the filing and (iv) the official name of the case.

4. Please list the last three jobs you have held and for each provide the following information: (i) dates of employment (ii) name, address and telephone number of employer (iii) positions and duties (iv) name of supervisor and (v) reason for leaving.

5. Please attach a copy of all Federal and State Tax Returns, with all appropriate schedules, for the last fiscal year.



State Athletic Control Board

P.O. Box 180 • Trenton, NJ 08625-0180 • (609) 292-0317

MEMORANDUM
(Effective February 19, 2015)

TO: ALL PROMOTERS AND MATCHMAKERS

SUBJECT: Exclusivity and Reservation of Dates, Contestant/Participant Eligibility Process

Attached, please find important information regarding the new NJSACB process for Reservation of Dates, Contestant/Participant Eligibility, effective immediately. Your cooperation will help us to provide you with quality service in a timely manner, as well as ensure a successful event.

If you have any questions, please contact Executive Assistant, Rhonda Utley-Herring at (609) 292-0317 or (609) 292-4668.

Attachment
LH:RUH:ruh

Exclusivity and Reservation of Dates, Contestant/Participant Eligibility Process

I All Promoters must submit written requests addressed to Commissioner Hazzard for show date approvals in accordance with *N.J.S.A. 13-45-18.15*.

- A. The show date approval letter should include (if known):
 - 1. Main event contestants' names,
 - 2. Fight Fax reports for boxers only
 - 3. The name of the promoter's liaison to the SACB. The liaison will be responsible for communicating with the SACB liaisons, Rhonda Utley-Herring (Boxing) and Nicolas Lembo (Mixed Martial Arts).
 - 4. Event start time and location
- B. Requests may be made via:
 - 1. Regular mail (P.O. Box 180, Trenton, NJ 08625) or
 - 2. Overnight mail (25 Market Street, 1st fl., W. Wing, Trenton, NJ) or
 - 3. E-mail (Rhonda.utley-herring@lps.state.nj.us) or
 - 4. Facsimile (609-341-5038).
- C. All requests should be forwarded to Rhonda Utley-Herring, who will seek Commissioner Hazzard's approval & return responses to all promoters. All SACB staff members will be copied at that time.

II Within one (1) week of approval, promoter is required to initiate the process of submitting to SACB liaisons, the remainder of the card, including the names of contestants' managers/corner people, announcers (announcer's payments), and any other individuals involved in the promotion, who are required to be licensed by SACB for approval. A copy of the Certificate of Insurance should also be provided at this time.

III SACB staff will research all participants' eligibilities, report findings to SACB liaisons and the SACB liaison will notify promoter's liaison of participants' requirements.

IV Promoter's liaison will be responsible for collecting, reviewing for accuracy and completeness, and submission of all applications (including all accompanying requirements i.e. photos, medicals, identifications, etc.) to SACB liaison via sacblicensing@lps.state.nj.us or any of the methods identified above for show date requests.

- A. All applications must be submitted to the SACB liaison's within 72 hours of the event date.
- B. Any contestant/participant with outstanding child support arrears and/or warrants must satisfy their obligation(s) to be licensed by the SACB.
- C. NO contestant with outstanding child support arrears and/or warrants will be eligible for SACB paid medical examinations.