



State of New Jersey

Jon S. Corzine
Governor

**OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
STATE ATHLETIC CONTROL BOARD
P.O. BOX 180
TRENTON, NJ 08625-0180**

Anne Milgram
Attorney General

Tony Orlando
Chairman

Steven Katz
Dennis McDonough
Member

SYLVESTER CUYLER
Acting Commissioner

**TO: PROFESSIONAL BOXING/KICKBOXING/MIXED MARTIAL ARTS
ANNOUNCERS AND DOORMAN/BOX OFFICE EMPLOYEES**

**FROM: Larry Hazzard, Sr.
Commissioner**

**SUBJECT: New Jersey Boxing/Kickboxing/Mixed Martial Arts Announcer and
Doorman/BoxOffice Employee License Application
RENEWAL: July 1, 2007 - June 30, 2008**

**Enclosed are the annual requirements for license as a
Boxing/Kickboxing/Mixed Martial Arts Announcer and Doorman/Box Office Employees in
the State of New Jersey.**

You must submit the following to this office:

1. Completed License Application Form;
2. Check or money order in the amount of \$25.00, payable to the State Athletic Control Board.

**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.**



TELEPHONE: (609) 292-0317 FAX: (609) 292-3756
NEW JERSEY IS AN EQUAL OPPORTUNITY EMPLOYER PRINTED ON RECYCLED PAPER AND RECYCLABLE

If there are any questions regarding your application, please contact the office at 609.292.0317.

LH:tg

Enclosures

REV: 05.2005



****PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO N.J.S.A.C.B. ****

******NO CASH!******

NEW JERSEY STATE ATHLETIC CONTROL BOARD

LICENSE APPLICATION

P. O. Box 180

Trenton, New Jersey 08625-0180

Telephone: (609)292-0317 Fax: (609)292-3756

Check (✓) or Circle Type/s of License

<u>CONTESTANT</u>	<u>MANAGER</u>	<u>SECOND</u>	
<input type="checkbox"/> Boxer \$5	<input type="checkbox"/> Boxing \$25	<input type="checkbox"/> Boxing \$25	<input type="checkbox"/> Announcer \$25
<input type="checkbox"/> Kickboxer \$5	<input type="checkbox"/> Kickboxing \$25	<input type="checkbox"/> Kickboxing \$25	<input type="checkbox"/> Timekeeper \$25
<input type="checkbox"/> Mixed Martial Artist \$5	<input type="checkbox"/> Mixed Martial Arts \$25	<input type="checkbox"/> Mixed Martial Arts \$25	<input type="checkbox"/> Other \$ _____

<u>REFEREE</u>	<u>JUDGE</u>	<u>PROMOTER</u>	<u>MATCHMAKER</u>
<input type="checkbox"/> Boxing \$75	<input type="checkbox"/> Boxing \$75	<input type="checkbox"/> Boxing \$300	<input type="checkbox"/> Boxing \$100
<input type="checkbox"/> Kickboxing \$75	<input type="checkbox"/> Kickboxing \$75	<input type="checkbox"/> Kickboxing \$300	<input type="checkbox"/> Kickboxing \$100
<input type="checkbox"/> Mixed Martial Arts \$75	<input type="checkbox"/> Mixed Martial Arts \$75	<input type="checkbox"/> Mixed Martial Arts \$300	<input type="checkbox"/> Mixed Martial Arts \$100

SECTION I (All Applicants) - Please Print

NAME:

AKA or ALIAS (Other Names Used):

ADDRESS:

CITY:

STATE:

ZIP:

COUNTRY:

MAILING ADDRESS (complete if different from above)

CITY:

STATE:

ZIP:

COUNTRY:

TELEPHONE (Residence):

TELEPHONE (Business):

FAX#

E-MAIL ADDRESS:

()

()

()

DATE OF BIRTH:

SOCIAL SECURITY#:

HEIGHT:

WEIGHT:

SEX:

CITIZENSHIP:

PLACE OF BIRTH:

MALE FEMALE

Have you ever been convicted of a crime? If yes, explain: YES NO

Are you presently on any suspension list? If yes, explain: YES NO

Have you ever been disqualified in any contest or disciplined for your actions during a contest? YES NO
If yes, explain:

Has any license you've held been revoked? If yes, please explain: YES NO

List all other Athletic Commissions in which you are licensed:

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, explain: YES NO

Do you have any current medical conditions? If yes, please explain: YES NO

Do you have a manager? If yes, provide name, address & telephone number: YES NO

Name: _____ Address: _____ Telephone No: (____) _____

Have you had amateur experience? If yes, complete the following questions: YES NO

Amateur Record: _____ Number of Fights: _____

Submission Grappling Record: _____

Name of Gym or Club where you trained: _____

Name and Telephone Number of Trainer or Manager:

Name: _____ Telephone Number: (____) _____

SECTION III (Manager's & Second's Only) Please Print

List names of boxers which you currently manage/second:

Do you know of any medical conditions which your boxers currently have?: If yes, please explain YES NO

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, EDUCATIONAL INSTITUTIONS, FINANCIAL INSTITUTIONS AND ALL GOVERNMENT AGENCIES, FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC. I HAVE APPLIED FOR A LICENSE WITH THE 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 COPY 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 DAMAGES 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 THE 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 FOR IN 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.

DATE: _____

SIGNATURE: _____



**State of New Jersey
Department of Law & Public Safety
State Athletic Control Board**

CHILD SUPPORT QUESTIONS

Please certify, under penalty of perjury, the following:

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

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "YES" to any of the questions numbered 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.

Applicant's name (please print)

Applicant's signature

Date

***Social Security Number:** _____ - _____ - _____

You **must** disclose your Social Security Number for the reasons stated below. Failure to do so may result in a denial of licensure or license renewal.

**STATE OF NEW JERSEY
W-9/QUESTIONNAIRE**

THE STATE OF NEW JERSEY REQUIRES COMPLETION OF THE W-9/VENDOR QUESTIONNAIRE TO VERIFY/ESTABLISH YOUR NAME, ADDRESS, AND TAXPAYER ID ON STATE RECORDS. PLEASE REVIEW THE INFORMATION BELOW, CORRECT ERRORS, AND ANSWER THE QUESTIONS PER SPECIFIC INSTRUCTIONS. RETURN THE COMPLETED FORM TO THE STATE IN THE ENVELOPE PROVIDED AS SOON AS POSSIBLE.

IMPORTANT: YOU WILL NOT BE PAID BY THE STATE OF NEW JERSEY UNTIL THIS FORM IS COMPLETED, SIGNED, AND RETURNED TO THE STATE OF N.J. FOR ADDITIONAL INFORMATION CALL (609) 292-8124.

PART I. NAME/ADDRESS (REMIT TO:)	REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION Enter your taxpayer identification number and indicate whether it is a social security or employer identification number by marking the appropriate box.	Return completed form to: OMB VENDOR CONTROL PO BOX 221 TRENTON, N.J. 08625 FAX 609-292-4882
		Make any corrections to the pre-printed data in the space provided below. Please type or print clearly.

4. Taxpayer Identification Number (Enter your correct TIN below ONLY if it differs from the # printed in the box.) <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 150px; height: 20px; margin-right: 10px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>	MARK THE APPROPRIATE BOX: <input type="checkbox"/> SOCIAL SECURITY NUMBER <input type="checkbox"/> EMPLOYER IDENTIFICATION NUMBER
5. For Payees Exempt From Backup Withholding (Contact the IRS for instructions)	Requester's name and address (optional)
6. Certification: Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreported interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an IRA, and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.	

Please Sign Here	Signature >	Date >
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PART II. VENDOR DATA	STATE OF NEW JERSEY VENDOR INFORMATION QUESTIONNAIRE				
1. Enter the code from the list below that best describes your business function: <table style="width:100%; font-size: small;"> <tr> <td style="text-align: center;"><u>VENDORS</u></td> <td style="text-align: center;"><u>GOVERNMENTAL ENTITIES</u></td> </tr> <tr> <td> <input type="checkbox"/> HC = HEALTH CARE SERVICE (NON-STATE AGENCIES) <input type="checkbox"/> VG = VENDORS WHO SELL OR MANUFACTURE GOODS <input type="checkbox"/> VS = VENDORS WHO RENDER A SERVICE OR VENDORS WHO RECEIVE RENT PAYMENTS <input type="checkbox"/> OT = OTHER MISCELLANEOUS VENDORS (Please Specify) _____ </td> <td> <input type="checkbox"/> AC = AUTHORITY/COMMISSION <input type="checkbox"/> CF = CONFIDENTIAL FUND <input type="checkbox"/> CM = COUNTY/MUNICIPAL GOVT. <input type="checkbox"/> CU = STATE COLLEGE/UNIVERSITY <input type="checkbox"/> EP = NJ STATE EMPLOYEE <input type="checkbox"/> FA = FEDERAL AGENCY <input type="checkbox"/> FD = FIRE DISTRICT <input type="checkbox"/> PC = PETTY CASH <input type="checkbox"/> SA = STATE AGENCY <input type="checkbox"/> SD = SCHOOL DISTRICT <input type="checkbox"/> WB = WELFARE BOARD </td> </tr> </table>		<u>VENDORS</u>	<u>GOVERNMENTAL ENTITIES</u>	<input type="checkbox"/> HC = HEALTH CARE SERVICE (NON-STATE AGENCIES) <input type="checkbox"/> VG = VENDORS WHO SELL OR MANUFACTURE GOODS <input type="checkbox"/> VS = VENDORS WHO RENDER A SERVICE OR VENDORS WHO RECEIVE RENT PAYMENTS <input type="checkbox"/> OT = OTHER MISCELLANEOUS VENDORS (Please Specify) _____	<input type="checkbox"/> AC = AUTHORITY/COMMISSION <input type="checkbox"/> CF = CONFIDENTIAL FUND <input type="checkbox"/> CM = COUNTY/MUNICIPAL GOVT. <input type="checkbox"/> CU = STATE COLLEGE/UNIVERSITY <input type="checkbox"/> EP = NJ STATE EMPLOYEE <input type="checkbox"/> FA = FEDERAL AGENCY <input type="checkbox"/> FD = FIRE DISTRICT <input type="checkbox"/> PC = PETTY CASH <input type="checkbox"/> SA = STATE AGENCY <input type="checkbox"/> SD = SCHOOL DISTRICT <input type="checkbox"/> WB = WELFARE BOARD
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2. Enter Primary Contact Information Below. PHONE: () - - NAME: TITLE:					
IF YOU ARE A NJ STATE EMPLOYEE, NJ MANAGER OF A CONFIDENTIAL FUND OR A PETTY CASH FUND, DO NOT ANSWER THE BALANCE OF THE QUESTIONNAIRE.					
3. What is the principal activity of your organization? <input type="checkbox"/> M = MANUFACTURING H = HEALTH RELATED SERVICE <input type="checkbox"/> S = SERVICE G = GOVERNMENT O = OTHER (Please Specify) _____					
4. Enter the code from the list below that best describes your organization: <input type="checkbox"/> C = CORPORATION I = INDIVIDUAL P = PARTNERSHIP <input type="checkbox"/> A = ASSOCIATION J = JOINT O = OTHER (Please Specify) _____					
5. Enter your 4 digit County/Municipality Code for NJ Addresses ONLY (See reverse side for appropriate code.) <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div>					

IMPORTANT: ANSWER ALL QUESTIONS (Please Print or Type Clearly)