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

Stuart Rabner
Attorney General

Tony Orlando
Chairman

Steven Katz
Dennis McDonough
Member

Larry Hazzard, Jr.
Commissioner

TO: PROFESSIONAL BOXING/KICKBOXING/MIXED MARTIAL ARTS MATCHMAKERS

FROM: Larry Hazzard, Sr.
Commissioner

SUBJECT: New Jersey Professional Boxing/Kickboxing/Mixed Martial Arts Matchmaker License Application
RENEWAL: July 1, 2006 - June 30, 2007

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

You must submit the following to this office:

1. Completed License Application Form;

2. Completed Business History Form;

3. Most Current Tax Returns;

4. Check or money order in the amount of $100.00 payable to the State Athletic Control Board

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

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

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 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

CONTESTANT	MANAGER	SECOND	
❒ Boxer $5	❒ Boxing $25	❒ Boxing $25	❒ Announcer $25
❒ Kickboxer $5	❒ Kickboxing $25	❒ Kickboxing $25	❒ Timekeeper $25
❒ Mixed Martial Artist $5	❒ Mixed Martial Arts $25	❒ Mixed Martial Arts $25	❒ Other $____
			_____

REFEREE	JUDGE	PROMOTER	MATCHMAKER
❒ Boxing $75	❒ Boxing $75	❒ Boxing $300	❒ Boxing $100
❒ Kickboxing $75	❒ Kickboxing $75	❒ Kickboxing $300	❒ Kickboxing $100
❒ Mixed Martial Arts $75	❒ Mixed Martial Arts $75	❒ Mixed Martial Arts $300	❒ 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: ❒ MALE ❒ FEMALE CITIZENSHIP: PLACE OF BIRTH:

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 Atlethic Control Board

CHILD SUPPORT QUESTIONS

Please certify, under penalty of perjury, the following:

	YES	NO
1. Do you currently have a chid-support obilgation?	☐	☐
a. If "YES", are you in arrears in payment of said obilgation?	☐	☐
b. If "YES", does the arrearage match or exceed the total amount payable for the past six months?	☐	☐
2. Have you failed to provide any court-ordered health insurance coverage during the past six months?	☐	☐
3. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding?	☐	☐
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 of "YES" to any of the questions numbered 1a through 4 will result in a denial of licensure. Furthermore, any false cerification 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.

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.