

State Athletic Control Board

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

TO: **PROFESSIONAL BOXING/MIXED MARTIAL ARTS/KICKBOXING JUDGES/REFEREES**
AMATEUR MIXED MARTIAL ARTS/KICKBOXING/MUAY THAI JUDGES/REFEREES
License 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 & Amateur Mixed Martial Arts/Kickboxing/Muay Thai Judge/Referee in the State of New Jersey.

You must submit the following to this office:

1. Completed License Application Forms
2. Completed Official's Disclosure Form
3. Completed "Physical Examination Form" and in addition a letter from your physician stating that you have completed a Physical Exam and that you are medically cleared to officiate as a boxing/mma/kickboxing/muay thai Judge/Referee for the license application period (example: 2016-2017).

Be certain to include a copy of your EKG and Optometrist Exam reports.

4. Check or money order in the amount of \$100.00 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

NOTE: Proof of medical testing must be provided through **ORIGINAL DOCUMENTS** indicating date of test, location of test and identification of the doctor. The date, location and name of doctor who reviews the medical test results must also be provided. Medical tests and examinations must be dated within **180** days of application.

To reduce the costs for individual tests, the Board has obtained an agreement from Inspira Health Network formerly known as Occupational Health, Bridgeton Health Center to provide medical testing at specific rates. For further information contact:

Joan Pierce
Inspira Health Network
Combatant Sports Medicine
Imaging Center
201 Tomlin Station Rd.
Mullica Hill, NJ 08062
Phone: 888-585-9875 or
856-241-2563
Fax: 856-453-1218
E-Mail: piercej@ihn.com

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 the office.

LH/tg
Enclosures
05.2016

****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, NJ 08625-0180

Telephone: 609.292.0317 Office Fax: 609.341.5038

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
	Kickboxing <input type="checkbox"/> \$100	Kickboxing <input type="checkbox"/> \$100	Kickboxing <input type="checkbox"/> \$300	Kickboxing <input type="checkbox"/> \$100
AKA or Alias:	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?
		1a) If YES, are you in arrears in payment of said obligation?
		1b) 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 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 "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.

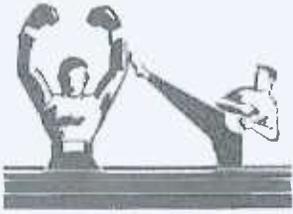
I HEREBY AUTHORIZE THAT RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION TO THIS AGENCY ONLY FOR THE EXPRESS PURPOSE OF PROCESSING MY APPLICATION FOR A LICENSE. THE AUTHORITY TO REQUEST CRIMINAL INFORMATION IS SET FORTH IN THE N.J.S.A.5:2a-15.

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: _____



OFFICIAL'S DISCLOSURE FORM

1. What is your profession or occupation? _____

2. Who is your current employer? _____
If not currently employed, please list your most recent employer?

3. What is your business address and telephone number?

4. What is your home address and telephone number?

5. Are you licensed as a professional boxing official in any other jurisdiction?

YES

NO

(If yes, please explain) _____

6. Has any boxing license you have ever held been suspended or revoked?

YES

NO

(If yes, please explain) _____

7. Have you ever been denied a professional boxing official's license?

YES

NO

(If yes, please explain) _____

8. Do you have any direct or indirect financial interest in, or direct or indirect financial dealings with, any professional boxer, manager, second, trainer, promoter, matchmaker, sanctioning organization, or boxing media personality?

YES

NO

(If yes, please explain) _____

9. Do you have any direct or indirect financial interest with any company, partnership, or individual who is involved in the sport of boxing?

YES

NO

(If yes, please explain) _____

10. Please list all organizations, associations, groups, or charitable foundations related to boxing that you are currently a member of, or have been in, the last 12 months.

11. Are you, your spouse, or any of your parents, brothers, sisters, cousins, nieces, nephews, aunts, uncles, or grandchildren related to any professional boxer, manager, second, trainer, promoter, matchmaker, sanctioning organization official, or boxing media personality?

YES NO

(If yes, please explain) _____

12. Are you, your spouse, or any of your parents, brothers, sisters, cousins, nieces, nephews, aunts, uncles, or grandchildren a personal friend of any professional boxer, manager, second, trainer, promoter, matchmaker, sanctioning organization official, or boxing media personality?

YES NO

(If yes, please explain) _____

13. Have you been offered or received any gifts, complementaries, or other things of value from any professional boxer, manager, second, trainer, promoter, matchmaker, sanctioning organization, or boxing media personality?

YES NO

(If yes, please explain) _____

14. Have you been arrested by any law enforcement agency in the past twelve months?

YES

NO

(If yes, please explain) _____

I CERTIFY THAT THE INFORMATION WHICH I HAVE PROVIDED ABOVE IS TRUE AND ACCURATE AND I UNDERSTAND THAT IT IS MY OBLIGATION TO NOTIFY THE SACB, IN WRITING, IMMEDIATELY, IF ANY OF MY RESPONSES TO THE ABOVE QUESTIONS CHANGE. I FURTHER UNDERSTAND THAT ANY OMISSIONS, INACCURACIES OR THE FAILURE TO MAKE FULL DISCLOSURES MAY BE DEEMED SUFFICIENT REASON TO DENY A LICENSE OR TO WITHHOLD RENEWAL OF, OR SUSPEND OR REVOKE, A LICENSE IF ISSUED BY THE BOARD. THE UNDERSIGNED APPLICANT UNDERSTANDS THE BOARD OR COMMISSIONER MAY MAKE SUCH INQUIRY AND INVESTIGATION CONCERNING THE APPLICANT'S RECORD OR BACKGROUND AS THE BOARD OR COMMISSIONER, IN THEIR JUDGEMENT, DEEMS PROPER, AND SAID APPLICANT FURTHER AGREES TO FURNISH ANY ADDITIONAL INFORMATION REQUESTED BY THE BOARD OR COMMISSIONER.

Date: _____

Print Name: _____

Signature: _____

Please return this form to:

State of New Jersey
State Athletic Control Board
RJH Justice Complex
25 Market Street
P.O. Box 180
Trenton, NJ 08625-0180

PHYSICAL EXAMINATION - OFFICIALS

- Blood Pressure no higher than 90 m/m Hg.
- Temperature below 100°F or 37°C
- Fundi - no retinopathies or cataracts
- No hernias nor visceromegaly
- Normal Rhomberg and finger to nose test
- No suppurative lesions on skin
- No indications of active renal disease

EXAMINATION

Ears
Otoscopy (Normal-Abnormal) Describe: _____

Mouth pharynx (teeth) (Normal-Abnormal) Describe: _____

Adenopathys No Yes (Location) _____

Lungs (Normal-Abnormal) Describe: _____

Heart (Normal-Abnormal) Describe: _____

Abdominal palpation (Normal-Abnormal) Describe: _____

Hernias (No-Yes) Describe: _____

Testis (Normal-Abnormal) Describe: _____

Tendon Reflexes Normal Abnormal
Knee jerk Rt. Lft. Rt. Lft.
Babinski Rt. Lft. Rt. Lft.

Rhomberg: _____
Finger to nose: _____

Upper Extremities (Normal-Abnormal) Describe: _____

Hands: _____
Wrist: _____
Elbows: _____
Shoulder Girdle: _____
Lower Extremities: _____

Skin (Open or Suppurative lesions) Yes No

Urinalysis: _____
Albumin: _____
Glucose: _____
Micro: _____
Hematuria: _____

Blood-test: _____

Hemaglobin and Hematocrit _____

Electrocardiogram _____ Date: _____

Examiners comments: _____

Physician Name (printed): _____

Address: _____

Phone: _____

Name: _____

Home Address: _____

Phone: _____

Birth Date: _____

Exam Date: _____

IMPORTANT

BLOOD TYPE: _____

ALLERGIES: _____

Pulse: _____ Blood Pressure: _____

Temperature: _____ Weight: _____

OPTOMETRIST EXAM DATE: _____

EYES RIGHT LEFT

Distant Vision 20/ 20/

Light Reflex Normal Abnormal

Accommodation Reflex Normal Abnormal

Comments: _____

Physician Name (printed): _____

Address: _____

Phone: _____