



TO: PROFESSIONAL BOXING/KICKBOXING/MIXED MARTIAL ARTS ANNOUNCER
Application for **LICENSE PERIOD (INITIAL/RENEWAL): July 1 - June 30**

Enclosed are the annual requirements for license as a Boxing/Kickboxing/Mixed Martial Arts Announcer:

You must submit the following to this office:

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

E-Mail: SACBLicensing@njoag.gov

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:RUH:ruh
enclosures
05.2022

****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 Office email address: SACBlicensing@njoag.gov

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
	Kickboxer <input type="checkbox"/> \$5	Kickboxer <input type="checkbox"/> \$25	Kickboxer <input type="checkbox"/> \$25	INSPECTOR <input type="checkbox"/> \$0
First Name:	MMA <input type="checkbox"/> \$5	MMA <input type="checkbox"/> \$25	MMA <input type="checkbox"/> \$25	PHYSICIAN <input type="checkbox"/> \$0
	REFEREE	JUDGE	PROMOTER	MATCHMAKER
	Boxing <input type="checkbox"/> \$100	Boxing <input type="checkbox"/> \$100	Boxing <input type="checkbox"/> \$300	Boxing <input type="checkbox"/> \$100
Middle Name:	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
	Am Muay Thai <input type="checkbox"/> \$100	Am Muay Thai <input type="checkbox"/> \$100	Am Muay Thai <input type="checkbox"/> \$300	Am Muay Thai <input type="checkbox"/> \$100
AKA or Alias:				

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? YES NO If yes, explain
Social Security No. ____/____/____	Height Weight ____ _____	Are you presently on any suspension list? YES NO If yes, please explain:
Country of Citizenship:	Place of Birth (City/State):	Have you ever been disqualified in any contest or disciplined for your actions during a contest? YES NO If yes, please explain:
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 - Boxers, Kickboxers & Mixed Martial Artists 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 & Address of Gym or Club where you train: _____	
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 Pre-fight Medical 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 (Managers, Seconds & Self-Managed Boxers Only) *If you are a boxer without a manager, please complete this section. Please Print*

List names of fighter(s) which you currently manage or second: *(Write self if you are a boxer)* _____

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

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.

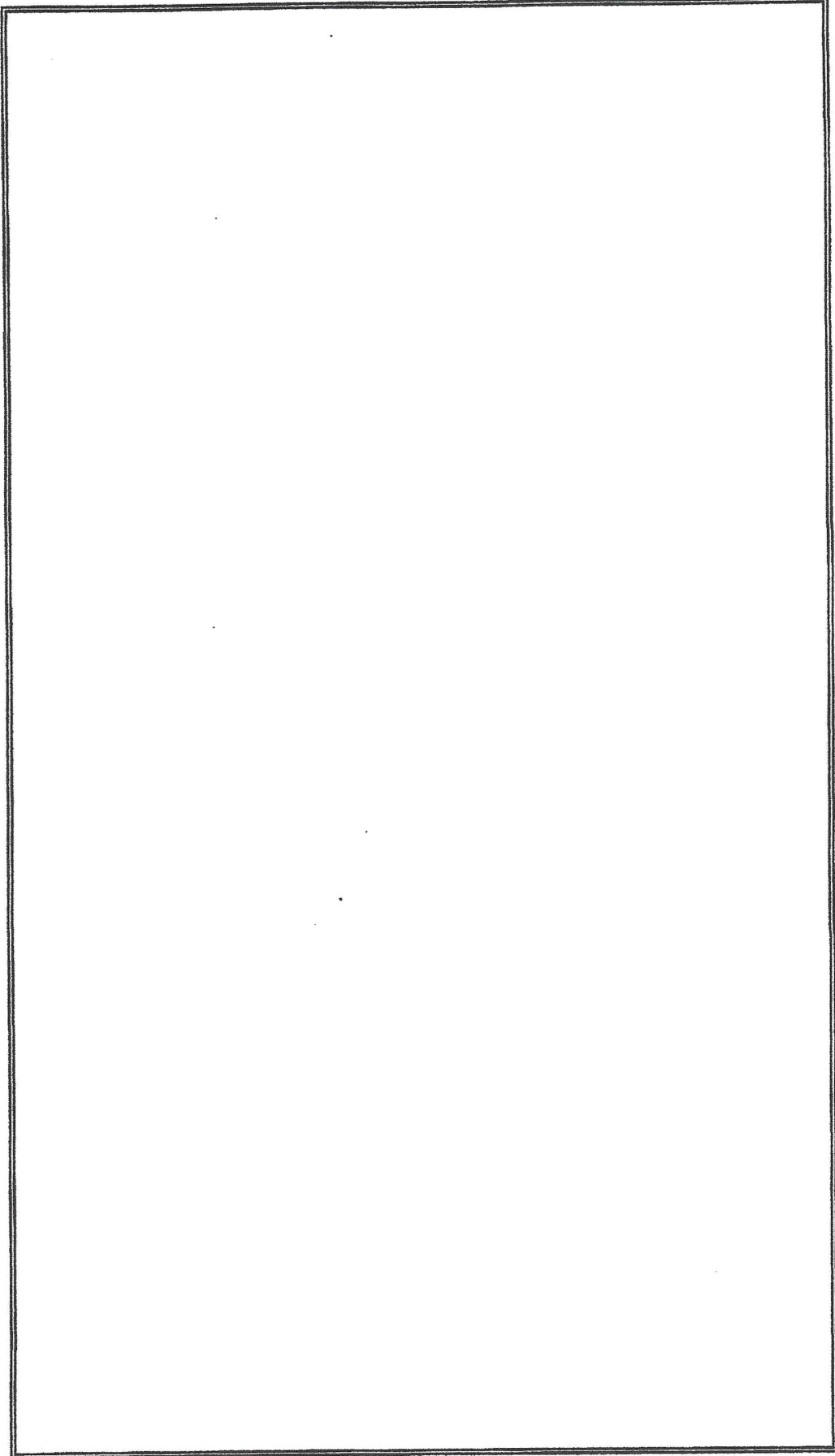
I THE UNDERSIGNED STATE THAT A PHOTOSTATIC OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

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:** _____



Sign your name inside the width of the box with thick black marker (large & bold)

PRINT NAME: _____