



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. 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 address: 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  
Enclosures  
05.24.22

**\*\*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

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

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 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.

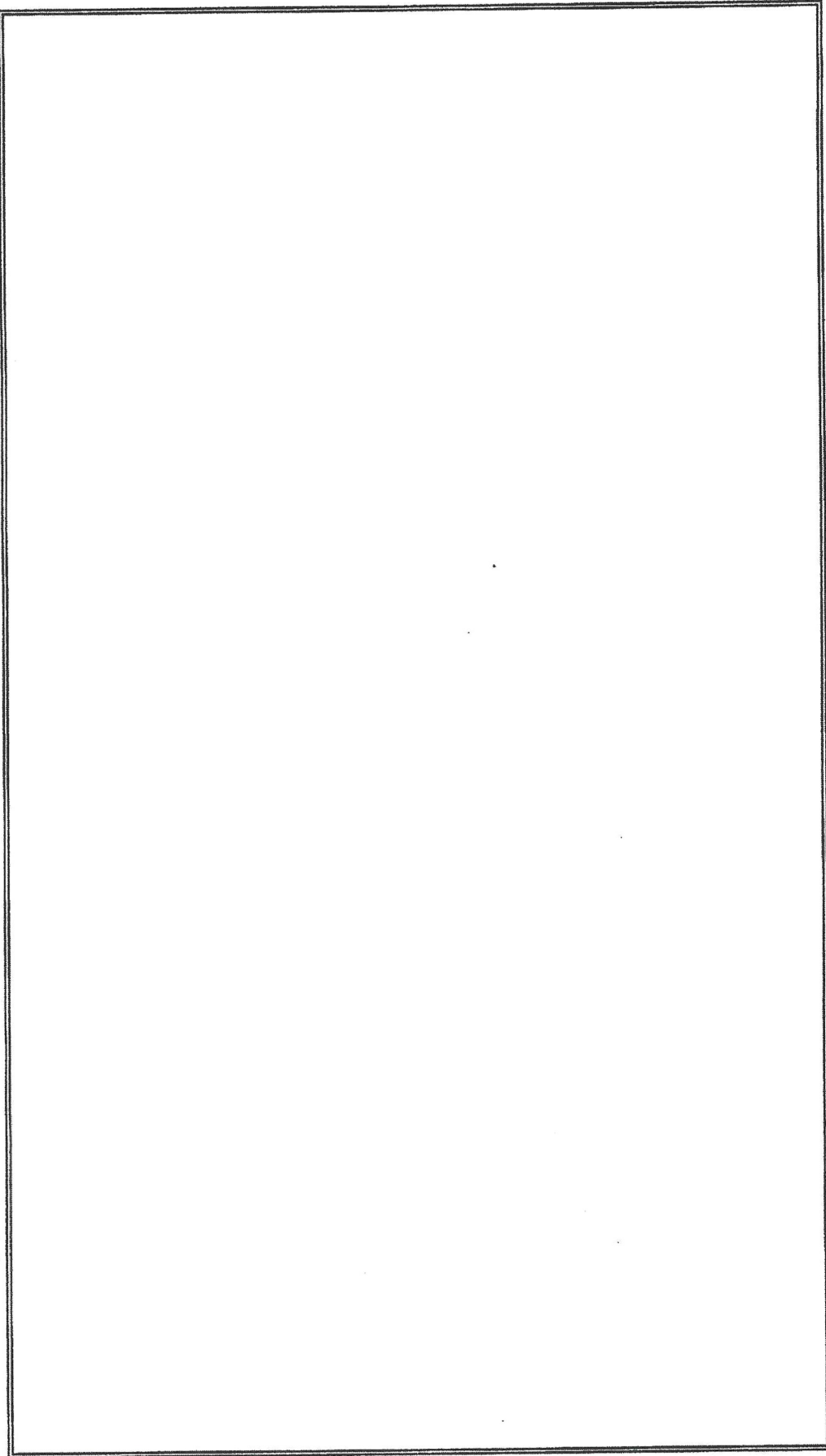
FURTHER, I AM AWARE AND AGREE THAT MY SIGNATURE CONSTITUTES A WAIVER OF LIABILITY AS TO THE STATE OF NEW JERSEY AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGE RESULTING IN DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION 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:** \_\_\_\_\_

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

**PRINT NAME:** \_\_\_\_\_



## 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 Deputy Commissioner, Rhonda Utley-Herring at (609) 292-0317 or (609) 376-3302.

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. BoxRec link for each boxer
  - 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. Private Overnight mail (Station Plaza #4, 22 S. Clinton Ave, Trenton, NJ 08609)
  - 3. E-mail ([Rhonda.utley-herring@njoag.gov](mailto:Rhonda.utley-herring@njoag.gov))
  - 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 (and their BoxRec links), 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 submission of proposed bouts only can also be made separately to the commissioner by the promoter's designated matchmaker(s). 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@njoag.gov](mailto:sacblicensing@njoag.gov) and [sacbmedical@njoag.gov](mailto:sacbmedical@njoag.gov) or any of the methods identified above for show date requests.

All applications must be submitted to the SACB liaison no later than 72 hours prior to the event date. Any contestant/participant with outstanding child support arrears and/or warrants must satisfy their obligation(s) to be licensed by the SACB.



STATE OF NEW JERSEY  
STATE ATHLETIC CONTROL BOARD

**OFFICIAL BOUT AGREEMENT**

THIS AGREEMENT, made this \_\_\_\_\_ day of \_\_\_\_\_ by and between \_\_\_\_\_ of the city of \_\_\_\_\_ and state of \_\_\_\_\_ country \_\_\_\_\_ a promoter duly licensed by this agency (hereinafter "Promoter") and,

\_\_\_\_\_ of the city of \_\_\_\_\_ and state of \_\_\_\_\_ country \_\_\_\_\_ a combative sport contestant (hereinafter "Contestant")

and,

\_\_\_\_\_ a manager duly licensed by this agency (hereinafter "Manager") under the laws of the State of New Jersey.

In consideration of the mutual covenants and agreements hereinafter contained, the parties hereto agree to and with each other as follows:

The Contestant will appear and enter into a contest of unarmed combat at the city of \_\_\_\_\_ New Jersey on the date of \_\_\_\_\_ or a date hereafter agreed upon, for \_\_\_\_\_ rounds with \_\_\_\_\_ as his or her opponent at a weight not over \_\_\_\_\_ pounds.

The Promoter will compensate the Contestant for the contest, and the Contestant agrees to accept in full of all claims and demands for his or her services in performance of this Agreement, the total amount of \$ \_\_\_\_\_.

The Contestant understands that by participating in this contest of unarmed combat, that the Contestant is engaging in an abnormally dangerous activity which subjects Contestant to a risk of severe injury or death. The Contestant, in full knowledge of the risks, nonetheless, agrees to enter into this agreement and hereby waives any claim that the Contestant or Contestant's heirs may have against the Athletic Control Board (hereinafter "SACB") or the State of New Jersey as the result of any injury the Contestant may suffer as a result of Contestant's participation in this contest. I have read and understand the above. Contestant's initials \_\_\_\_\_

The contest shall be conducted in accordance with the laws of the State of New Jersey and in accordance with the statutes, rules, regulations and policies of the SACB which are hereby made part of this agreement.

It is understood and agreed that the rights and obligations of the parties hereto shall be governed by and construed in accordance with the laws of the State of New Jersey.

In this agreement, the words and terms used herein, shall have the meanings ascribed to them in the SACB's statutes and regulations.

Gloves, approved by the SACB, for said contest shall be supplied by the Promoter at a weight approved by the SACB Commissioner.

The Promoter shall compensate the Contestant the total amount listed above in the event the contest fails to materialize if Contestant gets licensed, passes medicals, makes weight, is cleared by the SACB to compete, and remains willing to compete under the terms of this agreement.

It is agreed that Promoter may request that the contract payment terms be renegotiated, if Contestant fails to weigh in accordance with SACB requirements, or if the SACB determines that Contestant has failed to meet the contracted weight. Unless Promoter and Contestant agree to the new terms, Contestant is not obligated to compete and Promoter is not obligated to pay the Contestant.

It is agreed that Promoter shall not be required to compensate Contestant, if Contestant fails to obtain the requisite license from the SACB, or if Contestant fails to gain clearance to compete from the SACB.

It is agreed that if Contestant, after signing this Agreement, enters into another contest prior to the one contracted for herein, without the consent of Promoter, and is defeated, then Promoter shall have the option to rescind and cancel this agreement without liability.

The parties, jointly and severally hereby discharge, release, indemnify and hold harmless the SACB, the SACB's individual members and employees and agents, and the State of New Jersey in their individual, personal and representative capacities against any and all claims, suits, actions, debts and judgments, in law or equity, brought against the parties named in this agreement due to this agreement and all other matters relating hereto.

If any portion of this agreement is held to be unenforceable by a court of law or equity, this agreement shall be construed as if such provision did not exist and shall not be held to render any other provisions of the agreement as unenforceable.

This agreement constitutes the entire agreement of the parties and as such is intended as a complete and exclusive statement of the promises, representations, negotiations and other agreements that may have been made in connection with this specific subject matter.

The Contestant and Manager both agree to enter into this contest in good faith and agree that the contest's outcome shall be determined solely by the honest competition and skills of the contestants.

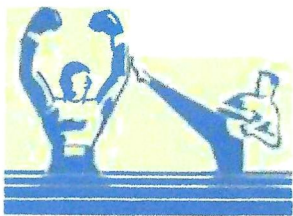
The parties agree that if the SACB Commissioner or his or her representative determines, that the possibility of a breach of this agreement exists, then he or she may order that the compensation under this agreement be paid directly to the SACB until such time as the matter can be fully reviewed.

The signed original Bout Agreement must be supplied to the SACB prior to start of the agreed upon contest.

PROMOTER: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTESTANT: \_\_\_\_\_ DATE: \_\_\_\_\_

MANAGER : \_\_\_\_\_ DATE: \_\_\_\_\_



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 with signature page
- 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.

:RUH

H:\Document Templates\licensing procedures applicant for event and renewal.docx