



State Athletic Control Board

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

TO: AMATEUR COMBATIVE SPORTS CONTESTANTS

RE: NEW JERSEY AMATEUR MIXED MARTIAL ARTS LICENSE APPLICATION

Enclosed are the annual requirements for application as licensed amateur mixed martial arts contestant in the State of New Jersey.

To be licensed as an **Amateur Mixed Martial Arts** contestant, you must submit the following to this office.

1. Completed Amateur MMA License Application Forms
2. Amateur Mixed Martial Arts Contestant Form
3. Amateur Mixed Martial Arts Physical Form
4. Check or money order in the amount of \$5.00, payable to the State Athletic Control Board

**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.

**IMPORTANT:** The New Jersey Amateur License that you receive will be effective for **Twelve (12)** months from date of issue.

To reduce the costs for individuals 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.org](mailto:piercej@ihn.org)

Applicants are reminded: You are subjected to the requirements of the State Athletic Control Board rules, provided by Chapter 46 of the New Jersey's Administrative Code.

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

LH/tg  
Enclosure  
05.2016



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
- 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.

**\*\*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 Amateur Applicants Complete Check (✓) or circle Type/s of License**

<b>AMATEUR CONTESTANT</b>	<b>AMATEUR MANAGER</b>	<b>AMATEUR SECOND</b>
MMA <input type="checkbox"/> \$5	MMA <input type="checkbox"/> \$25	MMA <input type="checkbox"/> \$25
Kickboxer <input type="checkbox"/> \$5	Kickboxer <input type="checkbox"/> \$25	Kickboxer <input type="checkbox"/> \$25
Muay Thai <input type="checkbox"/> \$5	Muay Thai <input type="checkbox"/> \$25	Muay Thai <input type="checkbox"/> \$25
<b>LAST NAME</b> print clearly in space below	<b>FIRST NAME</b> print clearly in space below	<b>MIDDLE NAME</b> print clearly in space below

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 - Mixed Martial Artist, Kickboxer's & Muay Thai Fighter's 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 <b>Manager</b> and/or <b>Trainer</b> ? 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 (Amateur Manger's , Second's & Self-Managed Fighters Complete) 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: \_\_\_\_\_

**STATE OF NEW JERSEY  
STATE ATHLETIC CONTROL BOARD  
AMATEUR MIXED MARTIAL ARTS CONTESTANT FORM**  
*(Please fill form out completely)*

Date of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Event: \_\_\_\_\_

Fighter Full Legal Name: \_\_\_\_\_

Alias: \_\_\_\_\_

Fighter Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fighter Home Address: \_\_\_\_\_

Fighter Phone Number: \_\_\_\_\_

Fighter School Affiliation: \_\_\_\_\_

**FIGHTER CERTIFICATION:** I hereby certify that I am skilled enough, healthy and ready to compete in this Amateur Mixed Martial Arts competition. I further certify that I have not engaged in any Professional or Professional Rules Style Mixed Martial Arts competitions and that I have not been paid to compete.

Trainer Name: \_\_\_\_\_

Trainer School: \_\_\_\_\_

School Address: \_\_\_\_\_

Trainer Contact Number: \_\_\_\_\_

**TRAINER CERTIFICATION:** I, \_\_\_\_\_, hereby certify that Fighter \_\_\_\_\_ is skilled enough, healthy and ready to compete in this Amateur Mixed Martial Arts competition. I further certify that Fighter has not engaged in any Professional or Professional Rules Style Amateur Mixed Martial Arts competitions and has not been paid to compete.

01) Has Fighter ever competed in a Combative Sports contest in another State? If yes, please list all dates and City/State: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

02) Has Fighter ever competed in a Combative Sports contest in the State of Delaware? If yes, please list all dates and City: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

03) Are you under a Medical or Disciplinary Suspension from any Athletic Commission or Sanctioning Organization? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

04) What was the date and result of your last Amateur Mixed Martial Arts contest?: \_\_\_\_\_  
\_\_\_\_\_

**STATE OF NEW JERSEY  
STATE ATHLETIC CONTROL BOARD  
AMATEUR MIXED MARTIAL ARTS CONTESTANT FORM**

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.

FIGHTER SIGNATURE: \_\_\_\_\_

The parties, jointly and severally hereby discharge, release, indemnify and hold harmless the SACB, the SACB's individual members and employees, bout officials 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.

FIGHTER SIGNATURE: \_\_\_\_\_

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.

I, the undersigned, hereby declare that I have read this Application and that all answers to the questions are true and complete. I understand that any misrepresentation or failure to answer shall constitute grounds for any applicable legal penalties.

FIGHTER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NEW JERSEY STATE ATHLETIC CONTROL BOARD - Amateur Mixed Martial Arts Physical Form**  
*(To Be Completed by Physician - physical must be taken within 45 days of each event - NJSACB fax is 609-292-3756)*

Contestant Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that I have examined the above contestant on \_\_\_\_\_ and have found him/her to be medically cleared to engage in an Amateur Mixed Martial Arts competition on \_\_\_\_\_

Physician Name (printed): \_\_\_\_\_ Physician Signature: \_\_\_\_\_  
 Physician Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONTESTANT INFORMATION:** Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Abdominal Palpation: \_\_\_\_\_  
 Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Chest Pains: \_\_\_\_\_  
 Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Hernias or Viscero-megaly: \_\_\_\_\_  
 Temperature: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Testis: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Medications: \_\_\_\_\_

**PHYSICAL HISTORY:**  
 Frequent Headaches: \_\_\_\_\_  
 Convulsions: \_\_\_\_\_  
 Head Injury: \_\_\_\_\_  
 Operations: \_\_\_\_\_  
 Diabetes: \_\_\_\_\_  
 Unconsciousness from training or competing: \_\_\_\_\_

**UPPER EXTREMITIES:**  
 Hands: \_\_\_\_\_  
 Wrist: \_\_\_\_\_  
 Elbows: \_\_\_\_\_  
 Shoulder Girdle: \_\_\_\_\_  
 Lower Extremities: \_\_\_\_\_  
 Skin (Open or Superfative lesions): \_\_\_\_\_

**EXAMINATION:**  
 Ears - Otoscopy: \_\_\_\_\_  
 Mouth Pharynx: \_\_\_\_\_  
 Adenopathys: \_\_\_\_\_  
 Lungs: \_\_\_\_\_  
 Heart: \_\_\_\_\_

**FOR WOMEN:**  
 Pregnancy Test: \_\_\_\_\_  
 Breast Exam: \_\_\_\_\_  
 Gynecological Exam: \_\_\_\_\_

**COMMENTS:**  
 Any indications of active renal disease: \_\_\_\_\_