TO:  PROFESSIONAL BOXING/MIXED MARTIAL ARTS/KICKBOXING MANAGERS AND SECONDS

License Application for LICENSE PERIOD (INITIAL/RENEWAL):  July 1 — June 30

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

To be licensed as a Manager, you must submit the following to this office:
1. Completed License Application Form
2. Check or money order in the amount of $25.00, payable to the NJ State Athletic Control Board
3. Suggested: NJ Boxer-Manager Contracts (see managers note on reverse side of this document)

To be licensed as a Second, you must submit the following to this office:
1. Completed License Application Form
2. Check or money order in the amount of $25.00 payable to the NJ State Athletic Control Board

NOTE: If you are applying for both Manager and Second licenses, please submit a check or money order in the amount of $50.00, payable to the NJ State Athletic Control Board.

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. Specific attention is directed to “Subchapter 23, Standards of Conduct”. Subchapter 23 identifies financial interests that are prohibited and other financial interests that require prior disclosure to this office.

MANAGERS: The requirements of “Subchapter 12, Rules to Safeguard Health” also should be given particular attention. They include mandatory Medical Examinations needed by Professional Boxers to obtain a license to box in the State of New Jersey.

To reduce the cost 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: 888-685-9875 or 856-241-2563
Fax: 856-453-1218
E-Mail: piercej@ihn.org

MANAGERS: You should also pay attention to "Subchapter 5, Boxers" and the subject of Boxer-Manager contracts within New Jersey. Submitting a valid Boxer-Manager contract to this office may avoid possible disputes or court action. IMPORTANT: EFFECTIVE JUNE 15, 2004, ALL BOXER-MANAGER CONTRACTS SHALL BE EXECUTED AND SIGNED IN THE PRESENCE OF THE COMMISSIONER. IN ORDER TO HAVE THE CONTRACT RECOGNIZED, PLEASE SCHEDULE AN APPOINTMENT WITH THE COMMISSIONER.

If there are any questions regarding your application, please contact this office at (609) 292-0317.
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.
SECTION I - All Applicants Complete  
Check (✓) or circle Type/s of License

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AKA or Alias:

Address:  
City:  
State:  
Zip:  
Country:  
Mailing Address:  
City:  
State:  
Zip:  
Country:  

Date of Birth:  
Sex:  Male  Female  
Social Security No.:  
Height:  
Weight:  
Have you ever been convicted of a crime?  If yes, explain:  YES  NO  
Are you presently on any suspension list?  If yes, please explain:  YES  NO  
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  
List all other Athletic Commissions in which you are licensed:

Telephone:(Residence)  ( )  
Telephone:(Business)  ( )  
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#  

Page 1 of 2
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 an 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 (Manager'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 fighters 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:17-56.48, 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 UNDERSTAND THAT A PHOTOSTATIC OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

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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. 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: