



ALABAMA ATHLETIC COMMISSION

2777 Zelda Road. • Montgomery, Alabama 36106

Phone: (334) 420-7231

Fax: (334) 263-6115

OFFICIAL USE by Alabama Athletic Commission

Acknowledgement of Receipt

APPLICATION FOR LICENSURE AS AN OFFICIAL

POSITION: [] JUDGE [] REFEREE [] TIMEKEEPER

TYPE: [] BOXING [] KICKBOXING [] MMA [] TOUGHMAN

(Select only ONE POSITION & ONE TYPE above)

*A separate application and fee is required for each additional POSITION & TYPE.

Commission's Official Use Only:

AAC License # _____

J / R / TK

In this space, the applicant must attach a clean, full-face photo of head and shoulders taken within the past six (6) months. 2"x2" SIZE PHOTO

*RESTRICTIONS: NO APPLICATIONS TO SERVE AS AN OFFICIAL WILL BE ACCEPTED FOR ANYONE CURRENTLY LICENSED BY THIS COMMISSION TO SERVE OR HAS SERVED WITHIN THE LAST FIVE (5) YEARS AS A PROMOTER, MATCHMAKER, TRAINER, MANAGER, SECOND OR COMPETITOR.

I hereby make application for licensure in the State of Alabama to serve as an OFFICIAL under the jurisdiction of the Alabama Athletic Commission:

- 1. Full Name (Legal Name - Public Record)
2. Address of Record (The Above Address IS Public Record) Telephone (Circle One: Office/Home/Cell Phone)
3. Mailing Address (The Above Address IS NOT Public Record) E-mail
4. Date of Birth Place of Birth Social Security No.
5. Are you a United States citizen? []Yes []No
6. Have you ever been convicted of any State or Federal felony? []Yes []No
7. Have you ever held a Boxing, Kickboxing, MMA or Toughman related license in any other state? []Yes []No
8. Have you ever had a Boxing, Kickboxing, MMA or Toughman related license or registration revoked, suspended, fined or otherwise sanctioned for a violation? []Yes []No
9. Are you or have you ever been a user of or addicted to any habit forming or unlawful substance? []Yes []No
10. Have you had at least five (5) years documented experience as an Official in the TYPE of events applying for licensure? []Yes []No
11. Have you received training through the Association of Boxing Commissions (ABC) as having passed the examination as a Judge or Referee in the TYPE of events applying for licensure? []Yes []No



****You must sign application in the presence of a Notary Public, Commissioner or Commission-Appointed Representative.**

Full Name: _____

(Print)

Date of Birth: ____/____/____

Social Security No. ____/____/____

➤ **CHARACTER REFERENCES:** Below, please provide the names and current contact information of three (3) references who can attest to your personal integrity and proficiency as a REFEREE, JUDGE or TIMEKEEPER, and **ATTACH** reference letters, if available.

NAME:

ADDRESS:

TELEPHONE #:

_____	_____	_____
_____	_____	_____
_____	_____	_____

AFFIDAVIT

I **herby certify** that I am the person named above and that I am physically fit, mentally sharp, and of good moral character and temperate habits. I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I further certify that I have read the AAC Administrative Code and will comply with the State Laws and Rules governing the license and practice for which this application is being submitted. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Alabama Athletic Commission or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby authorize the Alabama Athletic Commission to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be otherwise protected or confidential that may have bearing on my eligibility for or maintenance of any license issued subsequent to this application. . I understand the duties and responsibilities of an Official, acting in the capacity of either a Judge, Referee or Timekeeper.

Signature of Applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

Notary Public's Official Signature (Or Commission-Appointed Representative)

Notary Public's Commission Expires: _____

(Notary Public Seal)

APPROVED BY ALABAMA ATHLETIC COMMISSION

DATE

**APPLICATION FOR LICENSURE
AS AN OFFICIAL**

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 REFEREE
 TIMEKEEPER

TYPE: BOXING KICKBOXING
 MMA TOUGHMAN

(Select only **ONE POSITION & ONE TYPE** above)

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POSITION & TYPE.

OFFICIAL'S EXPERIENCE

***NOTE: IF YOU HAVE A RESUME OR LIST OF BOUT
RECORDS, PLEASE ATTACH OR SEND TO:**

leah@alstateboard.com

***RESTRICTIONS:**

**NO APPLICATIONS TO SERVE AS AN OFFICIAL WILL BE ACCEPTED FOR
ANYONE CURRENTLY LICENSED BY THIS COMMISSION TO SERVE OR
HAS SERVED WITHIN THE LAST FIVE (5) YEARS AS A PROMOTER,
MATCHMAKER, TRAINER, MANAGER, SECOND OR COMPETITOR.**

***OFFICIAL'S EXPERIENCE INSTRUCTIONS:**

Document a minimum of **five (5) years** of experience as an Official relevant to the **POSITION** and **TYPE** of events that you are applying for licensure.

- When serving as an **Inspector**, include the name of the promotion and dates of events that you served as an Inspector.
- When serving as a **Referee**, list the results of the matches and the name of the Judge who scored those matches.
- When serving as a **Judge**, list the results of the matches you judged and the name of the Referee who refereed those matches.
- When serving as a **Timekeeper**, list the results of the matches you served as Timekeeper and the Referee who referred those matches.

****At minimum, please provide enough information for us to be able to search and find a bout within online records and databases, should we need to do so.**

PROMOTER'S NAME: _____ **PHONE NUMBER:** _____

PROMOTER'S ADDRESS: _____ **CITY & STATE EVENT HELD:** _____

DATE of EVENT: ____/____/____
 mm dd yyyy

Bout between _____ vs. _____ Results: _____ Official: _____

Bout between _____ vs. _____ Results: _____ Official: _____

Bout between _____ vs. _____ Results: _____ Official: _____

Bout between _____ vs. _____ Results: _____ Official: _____

Bout between _____ vs. _____ Results: _____ Official: _____

PROMOTER'S NAME: _____ **PHONE NUMBER:** _____

PROMOTER'S ADDRESS: _____ **CITY & STATE EVENT HELD:** _____

DATE of EVENT: ____/____/____
 mm dd yyyy

Bout between _____ vs. _____ Results: _____ Official: _____

Bout between _____ vs. _____ Results: _____ Official: _____

Bout between _____ vs. _____ Results: _____ Official: _____

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Bout between _____ vs. _____ Results: _____ Official: _____

PROMOTER'S NAME: _____ **PHONE NUMBER:** _____

PROMOTER'S ADDRESS: _____ **CITY & STATE EVENT HELD:** _____

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Bout between _____ vs. _____ Results: _____ Official: _____

Bout between _____ vs. _____ Results: _____ Official: _____

Bout between _____ vs. _____ Results: _____ Official: _____

Bout between _____ vs. _____ Results: _____ Official: _____

***If additional space is needed, either COPY this form or ATTACH a separate sheet listing required information.**