



ALABAMA ATHLETIC COMMISSION

5809 Feldspar Way, Suite 109
Birmingham, Alabama 35244
Phone: (205) 438-6205

OFFICIAL USE
by
Alabama Athletic
Commission

Acknowledgement
of
Receipt

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

APPLICATION FOR LICENSURE

AS A CHIEF INSPECTOR

- TYPE:** BOXING KICKBOXING
 MMA TOUGHMAN
 WRESTLING BARE KNUCKLE

(Select only **ONE TYPE** above)

*A separate application is required for each additional **TYPE**.

I hereby make application for licensure in the State of Alabama to serve as a **CHIEF INSPECTOR** under the jurisdiction of the Alabama Athletic Commission:

1. **Full Name** _____

2. **Mailing Address** _____

City, State, Zip _____

3. **E-mail** _____

4. **Telephone** (____) _____

5. **Are you a United States Citizen?** Yes No

If Yes, provide a US Citizen – Citizenship/Legal Presence Document

If No, provide a Non-US Citizen – Citizenship/Legal Presence Document

6. **Social Security Number** _____ / _____ / _____ **(REQUIRED)**

7. **Have you had at least five (5) years documented experience as an Official in the TYPE of events applying for licensure?** Yes No

*Indicate **TOTAL** number of years: _____ BOXING _____ KICKBOXING _____ MMA _____ TOUGHMAN _____ WRESTLING

8. **Have you received training through the Association of Boxing Commissions (ABC) as having passed the examination** Yes No



Full Name: _____
 (Print)

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 CHIEF INSPECTOR, 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 a Chief Inspector.

 Signature of Applicant

 APPROVED BY ALABAMA ATHLETIC COMMISSION DATE

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OFFICIAL’S EXPERIENCE

***NOTE: IF YOU HAVE A RESUME OR LIST OF BOUT RECORDS, PLEASE ATTACH OR SEND TO:
aac.alabama@gmail.com**

***OFFICIAL’S EXPERIENCE INSTRUCTIONS:**

Document a minimum of **five (5) years** of experience as an Official relevant to the **TYPE** of events that you are applying, including promoters’ names, addresses, phone numbers and dates of events.

****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 SERVICE/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 SERVICE/EVENT: ____/____/____
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Bout between _____ vs. _____ Results: _____ Official: _____

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