



ALABAMA ATHLETIC COMMISSION

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

OFFICIAL USE
by
Alabama Athletic
Commission

Acknowledgement
of
Receipt

APPLICATION FOR LICENSURE

AS AN OFFICIAL

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

POSITION: [] JUDGE
[] REFEREE
[] TIMEKEEPER

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

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** _____

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 _____

➤ **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 **hereby 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

APPROVED BY ALABAMA ATHLETIC COMMISSION _____ DATE _____

OFFICIAL'S EXPERIENCE

[] JUDGE [] REFEREE [] TIMEKEEPER

***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 **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: _____
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: _____
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.**