



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 MATCHMAKER

- TYPE:** **BOXING**
 BARE KNUCKLE BOXING
 MMA

(Please check only ONE TYPE above)

Commission's official use only:

AAC License # _____

I hereby make application for licensure in the State of Alabama to serve as a **MATCHMAKER** under the jurisdiction of the Alabama Athletic Commission: (Separate applications are required for each Type and a separate fee must be submitted with each application.)

1. **Full Name** _____ **aka** _____
(Legal name - public record)

2. **Address of Record** _____ **Telephone** (____) _____

(The above address is public record) *Street* *City* *State* *Zip* (*circle one: Office/Home/Cell phone*)

3. **Mailing Address** _____ **E-mail** _____
(The above address is not public record) *Street/PO Box* *City* *State* *Zip*

4. **Date of Birth** ____ / ____ / ____ **Place of Birth** _____ **Social Security No.** ____ / ____ / ____
 mm dd yyyy

5. **Are you a United States citizen** **Yes** **No**
If **NO**, do you have documentation that you are here legally? **Yes** **No**
****Please provide documentation that proves your assertion**

6. **Have you ever been convicted of any State or Federal felony?** **Yes** **No**
(If Yes, a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be attached.)

7. **Have you ever held Boxing or MMA related license (e.g., manager, competitor, second, official) in any other state?** (If yes, please list the state and type of License:) **Yes** **No**

8. **Have you ever had a Boxing or MMA related license or registration revoked, suspended, fined or otherwise sanctioned?** (If yes, a copy of the charges and the final order must be received before your application will be processed.) **Yes** **No**

9. **Are you or have you ever been a user of or addicted to any habit forming or unlawful substance?** (If Yes, you must attach proof of participation in a recognized drug rehabilitation program.) **Yes** **No**

APPLICATION FOR LICENSURE

AS A MATCHMAKER

TYPE: **BOXING** **BARE KNUCKLE BOXING** **MMA**

(If you wish to have a license for both Types, please complete an additional application and submit separate fee for each)

Full Name _____ **Date of Birth** ____ / ____ / ____ **Social Security No.** ____ / ____ / ____
Print Name

RESTRICTIONS MAY APPLY IF CURRENTLY LICENSED AS AN OFFICIAL*:
NO APPLICATIONS TO SERVE AS A 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 FIGHTER.

AFFIDAVIT

I hereby certify that I am the person named above and that I am 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.

Signature of applicant

APPROVED BY ALABAMA ATHLETIC COMMISSION DATE



ALABAMA ATHLETIC COMMISSION

2777 Zelda Road. • Montgomery, Alabama 36106

Phone: (334) 420-7231

Fax: (334) 263-6115

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

MATCHMAKER

Applicant for licensure as a Matchmaker shall meet the following requirements. Supporting documentation must be attached to be considered for licensure. Incomplete applications will be returned to the applicant.

RESTRICTIONS MAY APPLY IF CURRENTLY LICENSED AS AN OFFICIAL*:

NO APPLICATIONS TO SERVE AS A 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 FIGHTER.

- 1. Have a minimum of five (5) years documented experience as a Matchmaker in the TYPE professional events for which applying, i.e., if applying for MMA license, must indicate professional MMA experience
2. The Commission may accept satisfactory evidence of equivalent qualifications possessed by an applicant who is currently licensed and in good standing in another state or country and meets all other ABC and AAC requirements.

A. CHARACTER REFERENCES: Please list below (name, address, & phone) from three (3) persons regarding your personal integrity and ATTACH letters of reference, if available:

NAME: ADDRESS: TELEPHONE #:
Three rows of blank lines for providing character references.

B. WORK EXPERIENCE (*see above licensure restrictions): List a minimum of five (5) years experience in matchmaking, relevant to the TYPE (Boxing or MMA) that you are applying, including a list of all professional fighters that you have matched, the promoters who promoted the matches and the results of the matches.

PROMOTER'S NAME PHONE NUMBER:
PROMOTER'S ADDRESS
CITY & STATE EVENT HELD: DATE of SERVICE/EVENT: mm / dd / yyyy
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If more space is needed to list work experience, please attach a separate sheet of paper with additional information.

I FURTHER CERTIFY that I have read the AAC Administrative Code and will comply with the State Laws and Rules governing the license and service for which this application is being submitted as a Matchmaker.

Signature of Applicant

PRINT NAME:

DATE: