	A BARAT			ntgomery, AL 361 420-7231		
		APPL	CATION FO	DR LICENSURE		
	In this space, the applicant must attach a clean, full-face	<u> </u>	AS A MATCI	HMAKER		
	photo of head and shoulders taken within the past six (6) months. 2"x2" SIZE PHOTO			I <b>NG [] MM</b> NE TYPE above)	A	
						Commission's official use only: AAC License # MM
Atł	ereby make application for licen aletic Commission: (Separate app Full Name	lications are required fo	or each Type ar	nd a separate fee mu	st be submitted	
	(Legal name - pu					
2.	Address of Record					))
	(The above address is public record)	Street	City	State Zip	(0	circle one: Office/Home/Cell phone)
3.	Mailing Address				E-mail	
	(The above address is not public recor	rd) Street/PO Box	City	State Zip		

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

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

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

You must sign this application in the presence of a notary public, commissioner or commission appointed representative. Supporting documentation must be attached to be considered for licensure. RESTRICTIONS may apply if currently licensed as an Official.\*

Are you a United States citizen

4.

5.

 Date of Birth \_\_\_\_\_/ \_\_\_/ \_\_\_
 Place of Birth \_\_\_\_\_

If NO, do you have documentation that you are here legally?

6. Have you ever been convicted of any State or Federal felony?

\*\*Please provide documentation that proves your assertion

documentation, and any other relevant information must be attached.)

(If Yes, a detailed statement, including a summary of the charges, the final order, any probation or parole

Social Security No. \_\_\_\_/\_\_/\_\_

[]Yes []No

[ ]Yes [ ]No

[]Yes []No

#### **APPLICATION FOR LICENSURE**

#### AS A MATCHMAKER

## TYPE: [] 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** 

Print Name

Date of Birth \_\_\_/\_\_\_/

Social Security No. \_\_\_\_/\_\_\_/

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 <u>read the AAC Administrative Code</u> 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
State of	, County of	, SS.
Subscribed and sw	orn before me this day of	f, 20
(Notary Public	Seal)	
(Notary Public Seal)		Notary Public signature (or commission appointed representative)
		Notary Public's commission expires

APPROVED BY ALABAMA ATHLETIC COMMISSION

DATE



**ALABAMA ATHLETIC COMMISSION** 

**200 South Lawrence Street • Montgomery, AL 36104** Phone: (334) 245-4374 Fax: (866) 715-9714

**TYPE:** [] 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:	<b>TELEPHONE #:</b>

**B.** WORK EXPERIENCE (\*see above licensure <u>restrictions</u>): 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 PROMOTER'S ADDRESS		PHONE NUMBER:		
CITY & STATE EVENT HELD:				
Bout between	VS	Results:		
Bout between	VS	Results:		
Bout between	VS	Results:		
Bout between	VS	Results:		

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 <u>read the AAC Administrative Code</u> 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: \_\_\_\_\_