



ALABAMA ATHLETIC COMMISSION

260 Commerce Street, 4th Floor • Montgomery, AL 36104

Phone: (334) 245-4374

Fax: (866) 715-9714

OFFICIAL USE
by
Alabama Athletic
Commission

Acknowledgement
of
Receipt

Commission's official use only:
AAC License # _____ CI

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 MMA
 WRESTLING

(Please check only ONE TYPE above)

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 FIGHTER.

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. (Separate applications are required for each Type).

- Full Name** _____
(Legal name - public record)
- Address of Record** _____ **Telephone** (____) _____
(The above address is public record) Street City State, Zip (circle one: Office/Home/Cell phone)
- Mailing Address** _____ **E-mail** _____
(The above address is not public record) Street/PO Bo City State, Zip
- Date of Birth** ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
mm dd yyyy
- 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
- 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.)
- Have you ever held a Boxing or MMA related license in any other state?** Yes No
If yes, please LIST the state, Type (MMA and/or Boxing) and Position (e.g., manager, competitor, second, referee, etc.):

- Have you ever had a Boxing or MMA related license or registration revoked, suspended, fined or otherwise sanctioned?** Yes No
(If yes, COPY of the charges and the final order must be received before your application will be processed.)
- Have had at least five (5) years documented experience as an Official in professional boxing or professional MMA in the TYPE events applying for licensure?** Yes No
If applying for MMA license, must indicate MMA experience? TOTAL number of years: ___ MMA ___ Boxing.
- Have you received certification through the Alabama Athletic Commission (AAC) as an Official in the TYPE events applying for licensure?** Yes No
(If yes, ATTACH letter.)
- Have you received training through the Association of Boxing Commissions (ABC) as having passed the examination in the TYPE events applying for licensure?** Yes No
(If yes, ATTACH proof.)



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APPLICATION FOR CHIEF INSPECTOR

TYPE: [] Boxing [] MMA

EACH APPLICANT FOR LICENSE AS AN OFFICIAL SHALL MEET THE FOLLOWING REQUIREMENTS (Please note the licensure Restrictions listed in A., below):

1. Have a minimum of five (5) years documented experience as an Official in the TYPE of professional boxing or professional mixed martial arts events for which applying, i.e., if applying for MMA license, must indicate professional MMA experience. INDICATE your total number of years experience as an Official (Judge, Referee and Timekeeper: _____).
2. Have received training through the Association of Boxing Commissions (ABC) and Alabama Athletic Commission (AAC) as an Official in the TYPE events applying for licensure. [ATTACH PROOF OF TRAINING AND/OR CERTIFICATION].
3. 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. 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 Fighter.

B. PROFESSIONAL WORK EXPERIENCE:

List on the attached Official's Professional Work Experience form your professional work experience as an Official relevant to the TYPE (Boxing or MMA) that you are applying, including employers' names, addresses, phone numbers and dates of service.

INSTRUCTIONS:

- When serving as a Referee, include the results of the matches and the Judge/Official who scored the matches.
- When serving as a Judge, list the results of the professional matches and the Referee/Official who referred.
- When serving as a Timekeeper, list the results of the professional matches and the Referee/Official who referred.

C. CHARACTER REFERENCES: Please provide below the names and current contact information of three (3) references who can attest to your proficiency as a Referee, Judge, OR Timekeeper and ATTACH letters of reference, if available.

NAME:

ADDRESS:

TELEPHONE #:

_____	_____	_____
_____	_____	_____
_____	_____	_____

I 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. I understand the duties and responsibilities of a Chief Inspector.

Signature

PRINT NAME: _____

DATE: _____



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OFFICIAL'S PROFESSIONAL WORK EXPERIENCE

APPLICATION FOR CHIEF INSPECTOR

TYPE (select one): Boxing MMA

PRINT NAME:

INSTRUCTIONS: Refer to item B. on page 2 of application and document a minimum of five (5) years professional experience. Include the name of the other Official. All experience must be for the same TYPE events that you are applying, i.e., MMA or Boxing.

PROMOTER'S NAME _____

PHONE NUMBER: _____

PROMOTER'S ADDRESS _____

CITY & STATE EVENT HELD: _____

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

SERVED AS _____
(Indicate Judge, Referee, or Timekeeper)

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: _____
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: _____
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: ____/____/____
mm dd yyyy

SERVED AS _____
(Indicate Judge, Referee, or Timekeeper)

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

If more space is needed to list professional work experience, please COPY this form or attach a separate sheet listing this information.

NOTE: Incomplete applications will be returned to the applicant. Application and supporting documentation must be submitted to be considered for licensure.