



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

APPLICATION FOR LICENSURE

AS A COMPETITOR

Type: [] BOXING [] TOUGHMAN [] PRO MMA [] AMATEUR MMA

(Please check only ONE TYPE above)

Commission's official use only: AAC License # _____ AB / B / T

NOTE: ANY ACTIVITY PRIOR TO OBTAINING A VALID LICENSE IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF YOUR RIGHT TO LICENSURE.

I hereby make application for licensure in the State of Alabama as a COMPETITOR under the jurisdiction of the Alabama Athletic Commission (separate applications are required for each type to be considered for licensure and each application must include a separate fee).

- 1. Full Name (Legal name - public record) aka (Nickname)
2. Address of Record (The above address is public record) Telephone (circle one: Office/Home/Cell phone)
3. Mailing Address (The above address is NOT public record) E-mail
4. Date of Birth / / Place of Birth Social Security No. / /
5. Are you a United States citizen? [] Yes [] No
6. Have you ever been convicted of any State or Federal felony? [] Yes [] No
7. Have you ever had an ABC Federal ID Number/ National MMA ID as a professional competitor? [] Yes [] No
8. Have you ever competed in any non-sanctioned events in Alabama or any other state? [] Yes [] No
9. Have you ever held Boxing, MMA, or Toughman related license (e.g., competitor, manager, second, official) in any other state? [] Yes [] No
10. Have you ever had a Boxing, MMA, or Toughman related license or registration revoked, suspended, fined, or otherwise sanctioned for a violation? [] Yes [] No
11. Are you or have you ever been a user of or addicted to any habit forming or unlawful substance? [] Yes [] No

APPLICATION FOR LICENSURE

AS A COMPETITOR

**TYPE: [] BOXING [] TOUGHMAN
[] PRO MMA [] AMATEUR MMA**

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

* You must sign 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.*

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

List the names of people that you are professionally affiliated: Manager: _____,
Trainer: _____; Second: _____; Second: _____
Gym/Team Name: _____ City and State _____.

AFFIDAVIT

I hereby certify that I am the person named above and that I have no infectious or contagious disease which may pose a threat to the general public 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 Alabama 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 sworn before me this ____ day of _____, 20 ____.

(Notary Public seal)

Notary Public official signature (or commission appointed representative)

Notary Public's commission expires _____

APPROVED BY ALABAMA ATHLETIC COMMISSION DATE



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MEDICAL:

Weight: _____ lbs. _____ oz.

Blood Pressure: _____

Pulse: _____

PHYSICAL EXAMINATION OF COMPETITORS

ALL COMPETITORS MUST SUBMIT TO PHYSICAL EXAMINATION
by a licensed PHYSICIAN that strictly adheres to all requirements outlined in the AAC's Rules.
This addendum must be completed by a PHYSICIAN and Submitted to the Commission prior to licensing.

Alabama Athletic Commission rules require that any Competitor who has applied for a license or a renewal of a license must be examined by a physician:

- The Alabama Athletic Commission will not issue a license to any athlete who has a recent history of drug abuse. A CURRENT test report must be attached to this FORM.
- The Alabama Athletic Commission will not issue a license to an athlete who has tested positive to the HIV virus, Hepatitis B or C. A CURRENT test report must be attached to this FORM. If the applicant is female, the examination must include a negative pregnancy test.

Physical Examination of _____ **Date of Birth** / / **Examined on** / /
 (PRINT PATIENT'S/APPLICANT'S NAME) mm dd yyyy mm dd yyyy

BASED ON THAT EXAMINATION, THE RESULTS ARE AS FOLLOWS:

Is the applicant physically fit for competition? Yes No

Is the applicant mentally fit for competition? Yes No

Does the applicant have adequate vision to compete? Yes No

The Alabama Athletic Commission requires a minimum uncorrected visual acuity of 20/200 in both eyes.
 The Alabama Athletic Commission shall not issue a license to any applicant whose vision in one (1) eye is so poor that a physician recommends that no license be granted.

Is there any evidence that the applicant has suffered any serious head injuries? Yes No

The AAC will review the application of any person who has suffered a serious head injury before a license is issued.

Is there any evidence that the applicant has suffered a cerebral hemorrhage? Yes No

The AAC will not issue a license to any person who has suffered a cerebral hemorrhage.

In your professional opinion, is the applicant currently impaired by any substance that may affect their performance? Yes No

If YES, you must IMMEDIATELY NOTIFY THE COMMISSION or COMMISSION REPRESENTATIVE.

The applicant submitted to a BLOOD TEST for human immunodeficiency virus, Hepatitis A, Negative Positive Hepatitis B, and Hepatitis C; the results are (must attach a copy of the test results and an explanation of the findings)

PHYSICIAN'S AFFIDAVIT

I certify that the named applicant personally appeared and was examined by me and has met all requirements set forth by the Alabama Athletic Commission. I certify that my responses above and any attached documentations are true and correct to the best of my professional knowledge and belief.

 PRINT NAME # _____
 LICENSE #

 PHYSICIAN'S SIGNATURE

 ADDRESS

 DATE SIGNED

 CITY STATE ZIP

 BUSINESS PHONE