



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

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 CORNER INSPECTOR (OR) DOOR WARDEN

TYPE: BOXING TOUGHMAN
 PRO MMA AMATEUR MMA
 WRESTLING
(Please check only ONE TYPE above)

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

RESTRICTIONS*: NO APPLICATIONS TO SERVE AS A CORNER INSPECTOR 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 **Corner Inspector** under the jurisdiction of the Alabama Athletic Commission: (Separate applications are required for each Type and fee submitted for each).

- 1. Full Name** _____
(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, referee) in any other state?** Yes No
(If yes, please list the State and type of License:) **TOTAL** number of years experience: __ MMA __ Boxing.

- 8. Have you ever had a Boxing or MMA related license or registration revoked, suspended, fined or otherwise sanctioned?** Yes No
(If yes, a copy of the charges and the final order must be received before your application will be processed.)
- 9. Are you or have you ever been a user of or addicted to any habit forming or unlawful substance?** Yes No
(If Yes, or the results of your urinalysis is positive, 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.***



ALABAMA ATHLETIC COMMISSION

260 Commerce Street, 4th Floor • Montgomery, AL 36104
Phone: (334) 245-4374 Fax: (866) 715-9714

TYPE: BOXING TOUGHMAN
 AMATEUR MMA PRO MMA
 WRESTLING

CORNER INSPECTOR (OR) DOOR WARDEN

Each applicant for licensing as a CORNER INSPECTOR must be completed in its entirety before processing for licensing.

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,

1. Indicate experience as an Official and/or Corner Inspector relevant to the TYPE license that you are applying. Enter here total years of experience: BOXING _____ MMA _____
 2. Provide evidence from three (3) persons who can attest to your personal integrity.
 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 Alabama Athletic Commission requirements.
- A. **WORK EXPERIENCE:** List your work experience relevant to the TYPE (MMA or Boxing) license that you are applying, including employers' names, contact information and dates of service:

PROMOTER'S NAME _____
 PROMOTER'S ADDRESS _____
 DATE of SERVICE/EVENT: ____/____/____
 mm dd yyyy

PHONE NUMBER: _____
 CITY & STATE EVENT HELD: _____
 SERVED AS _____
 (Indicate Judge, Referee, Timekeeper or Corner Inspector)

PROMOTER'S NAME _____
 PROMOTER'S ADDRESS _____
 DATE of SERVICE/EVENT: ____/____/____
 mm dd yyyy

PHONE NUMBER: _____
 CITY & STATE EVENT HELD: _____
 SERVED AS _____
 (Indicate Judge, Referee, Timekeeper or Corner Inspector)

PROMOTER'S NAME _____
 PROMOTER'S ADDRESS _____
 DATE of SERVICE/EVENT: ____/____/____
 mm dd yyyy

PHONE NUMBER: _____
 CITY & STATE EVENT HELD: _____
 SERVED AS _____
 (Indicate Judge, Referee, Timekeeper or Corner Inspector)

B. CHARACTER REFERENCES: Please provide below the names and current contact information (name, address, & phone) of three references who can attest to your personal integrity (attach Letters of Reference, if available):

NAME:	ADDRESS:	TELEPHONE #:
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Signature
 PRINT NAME: _____