



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

TYPE: [] RINGSIDE PHYSICIAN [] NON-RINGSIDE PHYSICIAN (Please check only ONE TYPE above)

TYPE: [] BOXING [] MMA (Please check only ONE TYPE above)

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

I hereby make application for licensure in the State of Alabama to serve as a RINGSIDE PHYSICIAN under the jurisdiction of the Alabama Athletic Commission.

- 1. Full Name Primary Specialty:
2. Address of Record Telephone ()
3. Mailing Address E-mail
4. Date of Birth Place of Birth Social Security No.
5. My State of Alabama Board of Medicine license number is
6. Are currently certified to perform cardiopulmonary resuscitation?
7. Have you ever been disciplined related to your medical license, e.g. revoked, suspended, fined, etc.?
8. Are you a United States citizen
9. Have you ever been disciplined or convicted of any State or Federal felony?

AFFIDAVIT

I hereby certify that I am the person named above. I swear or affirm that the information provided on and attached to this application is true and accurate to the bests of my knowledge and belief. I further certify that I have reviewed and will comply with the State of Alabama Athletic Commission rules and regulations.

Signature of applicant

State of County of ss.
Subscribed and sworn before me this day of 20
(Notary Public Seal)

Notary Public signature (or commission appointed representative)
Notary Public's commission expires

APPROVED BY ALABAMA ATHLETIC COMMISSION DATE