



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 NON-COMBATANT PERSONNEL

Select only ONE of EACH:

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

POSITION: [] Trainer [] Manager [] Second

Commission's official use only: AAC License # T / M / S

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,

I hereby make application for licensure in the State of Alabama to serve as a NON-COMBATANT PERSONNEL under the jurisdiction of the Alabama Athletic Commission. (Separate applications are required for each Type and each Position. Each application must include the separate fee for the Position indicated.)

1. Full Name (Legal name - public record) aka

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 mm/dd/yyyy Place of Birth Social Security No.

5. Name and Address of Gym/Team affiliation: Number of years affiliated?

6. List the name of the professional boxers/competitors that you are currently affiliated. [] Attached

7. Are you a United States citizen If NO, do you have documentation that you are here legally? **Please provide documentation that proves your assertion

8. Have you ever been convicted of any State or Federal felony? (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.)

9. Have you ever held a Boxing or MMA related license (e.g., manager, competitor, second, official) in any other state? (If yes, please LIST the State and type/position of License.)

**APPLICATION FOR LICENSURE
AS A NON-COMBATANT PERSONNEL**

*** POSITION: [] Trainer [] Manager* [] Second**
(Please check only ONE CLASS, above. Separate applications are required for each Type and each Class.)

**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 fee 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. ___/___/___

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

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

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

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 read the AAC Administrative Code 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 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



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TYPE: BOXING TOUGHMAN
 PRO MMA AMATEUR MMA

POSITION: Trainer Manager* Second

Applicants for licensing, as indicated below, 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. TRAINER: Have a minimum of five (5) years documented experience in training boxers/competitors 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
2. SECOND: Have a minimum of one (1) year documented experience in serving as a Second 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
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. **WORK EXPERIENCE (*see above licensure restrictions):** List on the attached Professional Work Experience form, your professional work experience relevant to the TYPE (Boxing or MMA) and Position that you are applying.

- TRAINER: In documenting five (5) years experience in training boxers/competitors, provide a list of all professional fighters that you have trained, the promoter who promoted the matches and the results of the matches.
- SECOND: In documenting one (1) year experience in serving as a Second, provide a list of all professional fighters that you have served as second, the promoter who promoted the matches and results of the matches.
- MANAGER: In documenting experience, provide a list of all professional fighters that you have served as manager, the promoter who promoted the matches and results of the matches.

B. **CHARACTER REFERENCES:** Please provide below the names and current contact information (name, address, & phone) of three (3) references who can attest to your integrity as a Trainer, Manager or Second:

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 and understand the responsibilities.

Signature of Applicant

PRINT NAME: _____

DATE: _____



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PROFESSIONAL WORK EXPERIENCE

SELECT ONE OF EACH:

TYPE: Boxing Toughman Pro MMA Amateur MMA

POSITION: Trainer Manager Second

PRINT NAME:

INSTRUCTIONS: Refer to item A. on page 2 of application and document the minimum years of professional experience. All experience must be for the same TYPE events and Position that you are applying, i.e., MMA or Boxing.

FIGHTER'S NAME _____

SERVED AS _____

(Indicate Trainer, Manager or Second)

Date Bout Held: _____ Results: _____ Promoter: _____ Location Bout Held: _____

Date Bout Held: _____ Results: _____ Promoter: _____ Location Bout Held: _____

Date Bout Held: _____ Results: _____ Promoter: _____ Location Bout Held: _____

Date Bout Held: _____ Results: _____ Promoter: _____ Location Bout Held: _____

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Date Bout Held: _____ Results: _____ Promoter: _____ Location Bout Held: _____

Date Bout Held: _____ Results: _____ Promoter: _____ Location Bout Held: _____

FIGHTER'S NAME _____

SERVED AS _____

(Indicate Trainer, Manager or Second)

Date Bout Held: _____ Results: _____ Promoter: _____ Location Bout Held: _____

Date Bout Held: _____ Results: _____ Promoter: _____ Location Bout Held: _____

Date Bout Held: _____ Results: _____ Promoter: _____ Location Bout Held: _____

Date Bout Held: _____ Results: _____ Promoter: _____ Location Bout Held: _____

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Date Bout Held: _____ Results: _____ Promoter: _____ Location Bout Held: _____

Date Bout Held: _____ Results: _____ Promoter: _____ Location Bout Held: _____

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. All fees are non-refundable.