



**ARKANSAS STATE ATHLETIC COMMISSION**  
**PO BOX 193666**  
**LITTLE ROCK, AR 72219 – 3666**



**APPLICATION FOR LICENSE**

**INSTRUCTIONS:**

1. License will not be issued if form is not filled out completely.
2. Complete all information below. (Print or Type)
3. If any of the questions 8-14 are answered "YES", Please furnish all particulars on the back of this application.
4. Enclose a Certified Check, or Postal Money Order. (Do Not Send Currency)
5. Return application and the license fee to: Arkansas State Athletic Commission.

**Please check the following sport or position for which you are applying:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Professional Boxing \$30                                | <input type="checkbox"/> Referee \$25     | <input type="checkbox"/> Timekeeper \$15       |
| <input type="checkbox"/> Mixed Martial Arts \$30                                 | <input type="checkbox"/> Announcer \$15   | <input type="checkbox"/> Judge \$15            |
| <input type="checkbox"/> Sponsor \$50  | <input type="checkbox"/> Matchmaker \$100 | <input type="checkbox"/> Promoter \$100        |
| <input type="checkbox"/> Wrestler \$30   | <input type="checkbox"/> Manager \$50     | <input type="checkbox"/> Cornerman/Second \$15 |
| <input type="checkbox"/> Participate in Karate, Judo or combination of same \$15 |   |  |

1. Full Name (Last, First, M.I.)	2. Telephone Number
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3. Legal Address (Number & Street)	(City, State, & Zip)
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4. Social Security Number	5. Date of Birth	6. Age	7. Occupation
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- |  | YES   | NO    |
|--|-------|-------|
| 8. Have you ever been convicted of any offense, other than a minor traffic violation?<br>(The police record of all supplicants will be verified. Mis-statements may result in denial of license) | _____ | _____ |
| 9. Have you ever been suspended or disciplined by the Arkansas or by any other Athletic or Boxing Commission?  | _____ | _____ |
| 10. Have you a financial interest in any club, cooperation, organization, or association conducting Boxing or wrestling in this State? If so, which and where? _____                             | _____ | _____ |
| 11. Are you licensed in any other state? If so, where? _____   | _____ | _____ |
| 12. Have you ever been detained for the possession or use of narcotics or dangerous drugs?<br>If so, when and where? _____   | _____ | _____ |
| 13. Managers only answer this question. Does any other person, club, or organization have a Financial interest in the ring earnings of any boxer under contract to you?                          | _____ | _____ |
| 14. Have you ever been licensed in Arkansas by the Arkansas State Athletic Commission?<br>If so, when? _____   | _____ | _____ |

I certify (or declare) under penalty of perjury, that I have read the foregoing application for \_\_\_\_\_ License, and that all the answers given are my own; That all the answers are true of my knowledge; Further, I understand and agree that any mis-statements of a material fact in this application will constitute grounds for revoking this license.

APPLICANT'S SIGNATURE

DATE

NAME (PRINT)