



STATE OF NEVADA  
OFFICE OF THE GOVERNOR  
ATHLETIC COMMISSION  
**REQUEST FOR PROGRAM PERMIT**  
NAC 467.167, NAC 467.169

Promotion Company Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

**Must check at least one from each category:**

Promoter  Co-Promoter

Professional Event  Amateur Event

Amateur Sanctioning Body: \_\_\_\_\_

Type of Event:    Boxing                       Kickboxing / Muay Thai                       MMA

Date Requested: \_\_\_\_\_ Estimated First Fight Time: \_\_\_\_\_

Venue (including Address): \_\_\_\_\_

Will the Event Be Televised: No  Yes

If yes, Please list which network the program will be televised on: \_\_\_\_\_

Additional/Special Information: \_\_\_\_\_

**Please Complete if you have title fight(s):**

	Sanctioning Body(ies)	Title(s) Including type of title i.e. world, interim ect.	Fighter A	Fighter B	Weight
1)					
2)					
3)					
4)					
5)					

**Document Preparers Information:**

Name (Last, First MI) (Please Print): \_\_\_\_\_

Contact Phone Numbers: Cell: \_\_\_\_\_ Work: \_\_\_\_\_

*I hereby swear, under penalty of perjury, that the above information is true and correct to the best of my knowledge. I certify that I have read or had read to me the contents of this Request for Program Permit in a language or manner that I understand. I sign this Request for Program Permit under no duress and with full understanding of the terms contained herein. I further understand that I am obligated to inform the Commission of any changes in the information provided above.*

\_\_\_\_\_  
Signature of Document Preparer

\_\_\_\_\_  
Date Submitted

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