INSTRUCTIONS

Fee of $25, to be remitted by check, postal or money order.

DO NOT SEND CURRENCY

Two photographs required—2″ × 2½″ size, full face, without hat.

STATE ATHLETIC COMMISSION
OF NEVADA

APPLICATION FOR UNARMED COMBATANT'S LICENSE

FOR OFFICE USE ONLY

License No.....

Passport No.....

☐ Cash ☐ M.O. ☐ Check

Receipt No.....

FEE: $25

■ ELIMINATION CONTESTANT Date.....

To: THE STATE ATHLETIC COMMISSION OF NEVADA,

The undersigned, having paid the fee of twenty-five dollars ($25) as required by law, hereby makes application for a license as an unarmed combatant for the calendar year ....., and makes the following representations:

(PLEASE PRINT)

Social Security No.....

Full Name: Last.....First.....Middle.....

Ring Name.....

Address.....Apt. No.....

City.....State.....Zip Code.....

Telephone *(Please include area code)*.....

Weight..... Height..... Hair..... Eyes.....

Date of Birth..... Age..... Place of Birth.....

Citizen of.....

Name of manager.....

Is there a boxer/manager contract on file with the State Athletic Commission of Nevada? ☐ Yes ☐ No

Have you ever been disqualified in any contest or disciplined by the State Athletic Commission of Nevada or by any other Athletic Commission for any cause whatsoever? ☐ Yes ☐ No

If "Yes," give details.....

.....

Have you ever been convicted of a felony or a misdemeanor? ☐ Yes ☐ No

If "Yes," give details.....

.....

[redacted]

I hereby declare, under penalty of perjury, that I have read the foregoing application for an unarmed combatant's license, and all the answers to the questions have been completed by me and that all the answers given are my own, that all the answers are true of my knowledge, that this license expires on December 31 of the year issued. Further, I understand and agree that any misrepresentation of a material fact on this application shall constitute grounds for revocation of this license.

.....
Applicant's Signature *(Sign Legal Name)*

ALL APPLICANTS MUST COMPLETE THIS SECTION

CHILD SUPPORT INFORMATION

Please mark the appropriate response (failure to mark one of the three will result in denial of the application)

_____ I am not subject to a court order for the support of a child.

_____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

_____ I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security number: _____

_____

Signature of Applicant

_____

Date

****

INFORMACIÓN DE MANTENCION PARA NIÑOS

Por favor marque la respuesta apropiada (falta de marcar una de las tres respuestas resultará en negarsele su aplicación)

_____ Yo no estoy expuesto a una orden por la corte para mantención de un niño.

_____ Yo estoy expuesto a una orden para mantención de uno ó más niños y estoy cooperando con el plan aprovado por el abogado del distrito o por otra agencia pública que está cumpliendo con la orden por el pago de la cantidad debida de acuerdo a la orden; ó

_____ Yo estoy expuesto a una orden por la corte para mantención de uno ó más niños y **no** obedezco la orden ó el plan aprovado por el abogado del distrito ó de otra agencia pública que está cumpliendo la orden para el pago de la cantidad debida de acuerdo a la orden.

Número de Seguro Social: _____

_____

Firma del aplicante

_____

Fecha