

INSTRUCTIONS

Fee of \$100, to be remitted by
check, postal or money order.
DO NOT SEND CURRENCY
Two photographs required
2" x 2 ½" size, full face, without hat.

STATE ATHLETIC COMMISSION
OF NEVADA

**APPLICATION FOR
RINGSIDE DOCTOR
LICENSE**

FOR OFFICE USE ONLY

License No. _____
Cash _____ M.O. _____ Check _____
Number _____
Receipt Number _____

FEE: \$100

DATE _____

TO: THE STATE ATHLETIC COMMISSION OF NEVADA,

The undersigned, having paid the fee of one hundred dollars (\$100) as required by law, hereby makes application for a license as a **RINGSIDE DOCTOR** for the calendar year **2015**, and makes the following representations:

(PLEASE PRINT)

Full Name: Last _____ First _____ Middle _____

Mailing Address _____ Apartment No. _____

City _____ State _____ COUNTRY _____ Zip Code _____

Telephone (including area code) _____

Email Address _____ @ _____

Weight _____ Height _____ Feet _____ Inches _____ Hair _____ Eyes _____

Age _____ Date of Birth (month-day-year) _____ Place of Birth _____

Citizen of _____

Do you have a Nevada Business License issued by the Nevada Secretary of State? Yes [] No []

If "Yes", what is the number _____

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

If "Yes", give details:

Have you ever been disciplined by the State Athletic Commission of Nevada or by any other Athletic Commission for any cause whatsoever?

Yes [] No []

If "Yes", give details:

Do you have any financial interest in a contestant (professional boxer, kickboxer or mixed martial artist)? Yes [] No []

If "Yes", give the name of each contestant with whom you have such an interest:

I hereby declare, under penalty of perjury, that I have read the foregoing application for a RINGSIDE DOCTOR 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 (unless otherwise limited by the Commission). 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 ONE 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.

Signature of Applicant

Social Security Number

Date

INFORMACION DE MANTENCION PARA NIÑOS

Por favor marque UNA SOLA respuesta apropiada (si no marca una de las tres respuestas resultara en negarsele su aplicación)

_____ Yo no tengo orden por la corte para mantención de un niño.

_____ Yo tengo orden por la corte para mantención de uno ó mas niños y estoy cooperando con el plan aprobado por el abogado del distrito ó por otra agencia publica que esta cumpliendo con la orden por el pago de la cantidad debida de acuerdo a la orden; ó

_____ Yo tengo orden por la corte para mantención de uno ó mas niños y **no** obedezco la orden ó el plan aprobado por el abogado del distrito o de otra agencia publica que esta cumpliendo la orden para el pago de la cantidad debida de acuerdo a la orden.

Firma del aplicante

Numero de Seguro Social

Fecha