

INSTRUCTIONS

Fee of \$100, to be remitted by check,
postal or money order.
DO NOT SEND CURRENCY
Two photographs required
2" x 2 1/2" size, full face, without hat.

STATE ATHLETIC COMMISSION OF NEVADA

**RENEWAL APPLICATION FOR
RINGSIDE DOCTOR LICENSE
FEE: \$100**

FOR OFFICE USE ONLY

License No. _____
Cash Check M.O.
Number _____
Receipt# _____ CM: _____

TO: THE STATE ATHLETIC COMMISSION OF NEVADA, Date: _____
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 **2020** 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 (MM-DD-YYYY) _____ 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: _____

Do you have professional malpractice insurance? Yes NoHave you ever been cited, arrested, or convicted of domestic violence or been convicted of any other felony or misdemeanor?
 Yes No If "Yes," give details and attach a separate sheet if necessary:Do you have any civil or criminal litigation pending? Yes No If "Yes", give details & attach a separate sheet if necessary: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 and attach a separate sheet if necessaryHave you ever been investigated in response to a complaint, disciplined, rejected, revoked, denied or suspended by any professional licensing board? Yes No If "Yes", give details and attach a separate sheet if necessary:Do you have any direct affiliation with any unarmed combatant, second, trainer, manager, matchmaker, promoter or television network? Yes No If "Yes", give details and attach a separate sheet if necessary:

Pursuant to NRS 467.100, if there is insufficient time for the Commission to review your application for the issuance or renewal of a license before you are scheduled to participate in, and/or be associated with, a contest or exhibition of unarmed combat, the Chair of the Commission, or the Chair's designee, may grant you a temporary license. At the next available meeting, the Commission will grant, condition, or deny the issuance/renewal of your license for the remainder of the calendar year. By signing this application, unless you request in writing otherwise, you acknowledge and agree that this paragraph constitutes adequate notice of the hearing at which your application for full licensure will be heard before the Commission and you affirmatively waive your right to the service and notice requirements of NRS 241.033 and NRS 241.034 relating to said hearing.

By signing this application, you certify that you are aware of your responsibilities to comply with the laws governing unarmed combat within the State of Nevada, including, without limitation, the Commission's statutes and regulations regarding anti-doping and the ongoing obligation to report citations, arrests, convictions of domestic violence to the Commission, all of which can be found on the Commission's website at <http://boxing.nv.gov/>

I hereby declare, under penalty of perjury, that I have read, or had read to me in a language or manner I understand, the foregoing application for a RINGSIDE DOCTOR's license, that all of the answers to the questions have been completed by me, that all the answers given are my own and are true of my knowledge, and that I understand 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)**

3300 W. Sahara Avenue, # 450, Las Vegas, Nevada 89102
Telephone: (702) 486-2575 Fax: (702) 486-2577
Web site <http://boxing.nv.gov>

Please make sure to submit your application packet in its entirety. Incomplete applications will not be considered for relicensing. December 1 is the deadline for renewal applications.

A completed application will have the following:

- An application and additional sheets as necessary
- Two photographs, 2" x 2 ½" size, full face, without hat
- \$100 check or money order
- Copy of your current cardiopulmonary resuscitation card or proof of an equivalent or more advanced certification in advanced life saving procedure. Even if you sent it in last year and it has not expired please make a copy and submit it. It is easier on the staff that way.
- Background investigation report emailed to BobBennett@boxing.nv.gov - You may use <http://www.integrascan.com/> or a comparable service.
- Signed copy of [Code Of Conduct and Ethics](#).

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