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

RENEWAL APPLICATION FOR JUDGE LICENSE

FEE: \$100

FOR OFFICE USE ONLY						
License No.						
Cash	Check	M.O.				
Number						
Receipt Number						
СМ:						

Fo: 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 licus a JUDGE for the calendar year 2020, and makes the following representations:						
as a JUDGE for ti (PLEASE PRINT)	ne calendar year 2020, and i	makes the following	representations:			
,		First		Middle		
Mailing Address				Apartment No		
City	S1	tate	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					
└──Yes └──No Do you have any civ	If "Yes," give details and att		·	attach a separate sheet if necessary:		
-				other entity designated to regulate unarmed ails and attach a separate sheet if necessary:		
· —	n investigated in response to a No If "Yes", give details a		· •	d or suspended by any professional licensing		
	rect affiliation with any unarme f "Yes", give details and attach			aker, promoter or television network?		
Pursuant to NRS 46	7.100, if there is insufficient time	for the Commission to	review your application for	the issuance or renewal of a license before you		

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 JUDGE'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)

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

A completed application will have the following:

- An application and additional sheets as necessary.
- \$100 check or money order
- Current year eye examination.
- ➤ Two photographs, 2" x 2 ½" size, full face, without hat.
- ➤ Background investigation report emailed to BobBennett@boxing.nv.gov You may use http://www.integrascan.com/ or a comparable service.
- Signed copy of <u>Code Of Conduct and Ethics</u>.

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	

Saved as: Judge Renewal App Revised 10/04/2019