

INSTRUCTIONS  
Fee of \$50, 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  
**APPLICATION FOR  
UNARMED COMBATANT'S  
LICENSE**

FOR OFFICE USE ONLY  
License No. \_\_\_\_\_  
Cash \_\_\_\_\_ M.O. \_\_\_\_\_ Check \_\_\_\_\_  
Number \_\_\_\_\_  
Receipt Number \_\_\_\_\_

( Check One )    ☐ Boxing    ☐ Kick Boxing    ☐ MMA

**FEE: \$50**

DATE \_\_\_\_\_

To: THE STATE ATHLETIC COMMISSION OF NEVADA,

The undersigned, having paid the fee of fifty dollars (\$50) as required by law, hereby makes application for a license as an unarmed combatant for the calendar year **2017** and makes the following representations:

(PLEASE PRINT)

Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Ring Name \_\_\_\_\_

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 \_\_\_\_\_

Name of manager \_\_\_\_\_

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:

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:

COMPLETE PROFESSIONAL RECORD:

WINS \_\_\_\_\_ LOSSES \_\_\_\_\_ DRAWS \_\_\_\_\_ NO CONTESTS \_\_\_\_\_ KO's \_\_\_\_\_

*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 (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

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### 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