STATE ATHLETIC COMMISSION
OF NEVADA

RENEWAL APPLICATION FOR
TIMEKEEPER
LICENSE

FOR OFFICE USE ONLY

License No. _____

Cash _____ M.O. _____ Check _____

Number _____

Receipt Number _____

DATE _____

FEE: $100

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 **TIMEKEEPER** for the calendar year **2016**, 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 arrested? 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 and 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 necessary:

_____

Have 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:

_____

An applicant is under a continuing duty to maintain suitability to be licensed as a *TIMEKEEPER* and must update the Commission of any changes to personal information including arrests, charges or indictments. Failure to report any arrest, detainment, charge, indictment, or conviction that has not been expunged or sealed by a court, whether a misdemeanor or felony, is cause for denial of licensure, revocation of the license or disciplinary action against the applicant.

I hereby declare, under penalty of perjury, that I have read the foregoing application for a TIMEKEEPER 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)

Please make sure to submit your application packet in its entirety. Incomplete applications will not be considered for relicensing. Renewal application deadline is Tuesday, December 1, 2015.

A completed application will have the following:

- An application and addtional sheets as necessary
- Two photographs, 2" x 2 ½" size, full face, without hat
- $100 check or money order
- Waiver Form for 2016
- Background investigation report emailed to BobBennett@boxing.nv.gov - You may use http://www.integrascan.com/ or a comparable service.

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