INSTRUCTIONS
Fee of $50, 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 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 2016 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 _____ LOSES _____ 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)

NEVADA STATE ATHLETIC COMMISSION 555 E. WASHINGTON AVE., SUITE 3200 LAS VEGAS, NV 89101-1046
TELEPHONE: (702) 486-2575 FAX: (702) 486-2577 Website boxing.nv.gov

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 aprovado 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 aprovado 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