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.

Photo #: _____

STATE ATHLETIC COMMISSION OF NEVADA

APPLICATION FOR SECOND LICENSE

FEE: $50

FOR OFFICIAL USE ONLY

Fighter: _____

License No. _____ Date of Event _____

Cash ☐ M.O. ☐ Check ☐ Purse ☐

Number _____ Receipt Number _____

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 a SECOND for the calendar year **2019** and makes the following representations:

(Please Print)

Full Name: Last: _____ First: _____ Middle: _____

Mailing Address: _____ Apartment #: _____

City: _____ State: _____ Country: _____ Zip: _____

Telephone (including area code): _____

E-mail Address: _____

Weight: _____ Height: ____Feet ____Inches Hair: _____ Eyes: _____

Age: _____ Date of Birth (MM/DD/YY): _____ 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 convicted of a felony or a misdemeanor? ☐Yes ☐No

If "Yes", give details:

_____

_____

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:

_____

_____

Do you have any financial interest in a contestant (professional boxer, kickboxer, or mixed martial artist)? ☐Yes ☐No

If "Yes", give the name of each contestant with whom you have such an interest:

_____

_____

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

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

_____
Numer de Seguro Social

_____
Fecha