



STATE OF NEVADA
OFFICE OF THE GOVERNOR – ATHLETIC COMMISSION
REQUEST FOR PROGRAM PERMIT (EVENT REQUEST)
(NAC 467.167 & NAC 467.169)

Promotion Name & DBA (if applicable): _____

Must check at least one from each category:

Promoter: <input type="checkbox"/>	Co-Promoter: <input type="checkbox"/>
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Professional Event <input type="checkbox"/>	Amateur Sanctioning Body: _____
Amateur Event <input type="checkbox"/>	Contact Name: _____
	Phone: _____ E-mail : _____

Type of Event:	Boxing <input type="checkbox"/>	Kickboxing/Muay Thai <input type="checkbox"/>	MMA <input type="checkbox"/>	Other <input type="checkbox"/> _____
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Date Request: _____ **Venue Name:** _____ **First Fight Time:** _____

Venue Address: _____

Will the Event be Televised or Streamed? No ☐ Yes ☐ **If Yes, Network:** _____

Additional/Special Information: _____

Please Complete if you have Title Fight(s)					
Title(s)		Sanctioning Body(ies)	Contestant A	Contestant B	Weight
1)					
2)					
3)					
4)					

Document Preparer's Information:

Name (Last, First, MI): _____

Contact Phone Number: _____ **Email:** _____

I hereby swear, under penalty of perjury, that the above information is true and correct to the best of my knowledge. I certify that I have read, or had read to me, the contents of this Request for Program Permit in a language or manner that I understand. I sign this Request for Program Permit under no duress and with full understanding of the terms contained herein. I further understand that I am obliged to inform the Commission of any changes in the information provided above.

Signature of Document Preparer

Date Submitted

****COMPLETE AND E-MAIL TO: NSACINFO@BOXING.NV.GOV****

For Staff Use Only	Agenda/Approval Date: _____	Approved By: _____
NSAC Lic #: _____	Current NV Business Lic: Yes <input type="checkbox"/>	Current Bond: Yes <input type="checkbox"/>