



STATE OF NEVADA
OFFICE OF THE GOVERNOR
ATHLETIC COMMISSION
REQUEST FOR PROGRAM PERMIT
NAC 467.167, NAC 467.169

Promotion Company Name: _____

DBA (if applicable): _____

Must check at least one from each category:

Promoter Co-Promoter

Professional Event Amateur Event

Sanctioning Body: _____

Type of Event: Boxing MMA Kickboxing / Muay Thai

Date Requested: _____ Estimated First Fight Time: _____

Venue (including Address): _____

Will the Event Be Televised: No Yes

If yes, Please list which network the program will be televised on: _____

Additional/Special Information: _____

Please Complete if you have title fight(s):

	Sanctioning Body(ies)	Title(s) Including type of title i.e. world, interim ect.	Fighter A	Fighter B	Weight
1)					
2)					
3)					
4)					
5)					

Document Preparers Information:

Name (Last, First MI) (Please Print): _____

Contact Phone Numbers: Cell: _____ Work: _____

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 obligated to inform the Commission of any changes in the information provided above.

Signature of Document Preparer

Date Submitted

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