

**INSTRUCTIONS**

Fee of \$50, to be remitted by check,  
postal or money order.

**DO NOT SEND CURRENCY**

Two photographs required  
2" x 2 1/2" size, full face, without hat.  
[Complete All Medical Requirements](#)

STATE ATHLETIC COMMISSION  
OF NEVADA

**APPLICATION FOR  
UNARMED COMBATANT'S  
LICENSE**

**FOR OFFICE USE ONLY**

License No. \_\_\_\_\_ Date of Event \_\_\_\_\_

Purse \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ M.O. \_\_\_\_\_

Number \_\_\_\_\_

Receipt Number \_\_\_\_\_ CM: \_\_\_\_\_

(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 **2020** 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 (MM-DD-YYYY) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizen of \_\_\_\_\_ Name of manager \_\_\_\_\_

Have you ever been disqualified in any contest or disciplined by the Nevada State Athletic Commission (Commission), or by any other entity designated to regulate unarmed combat in its respective jurisdiction, 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 cited, arrested, or convicted of domestic violence or been convicted of any other felony or misdemeanor?

☐ Yes ☐ No If "Yes," give details:

**COMPLETE PROFESSIONAL RECORD:**

**WINS** \_\_\_\_\_ **LOSSES** \_\_\_\_\_ **DRAWS** \_\_\_\_\_ **NO CONTESTS** \_\_\_\_\_ **KO's** \_\_\_\_\_

Pursuant to NRS 467.100, if there is insufficient time for the Commission to review your application for the issuance or renewal of a license before you are scheduled to participate in, and/or be associated with, a contest or exhibition of unarmed combat, the Chair of the Commission, or the Chair's designee, may grant you a temporary license. At the next available meeting, the Commission will grant, condition, or deny the issuance/renewal of your license for the remainder of the calendar year. By signing this application, unless you request in writing otherwise, you acknowledge and agree that this paragraph constitutes adequate notice of the hearing at which your application for full licensure will be heard before the Commission and you affirmatively waive your right to the service and notice requirements of NRS 241.033 and NRS 241.034 relating to said hearing.

By signing this application, you certify that you are aware of your responsibilities to comply with the laws governing unarmed combat within the State of Nevada, including, without limitation, the Commission's statutes and regulations regarding anti-doping and the ongoing obligation to report citations, arrests, convictions of domestic violence to the Commission, all of which can be found on the Commission's website at <http://boxing.nv.gov/>

*I hereby declare, under penalty of perjury, that I have read, or had read to me in a language or manner I understand, the foregoing application for a UNARMED COMBATANT's license, that all of the answers to the questions have been completed by me, that all the answers given are my own and are true of my knowledge, and that I understand 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 3300 W. SAHARA AVE., SUITE 450 LAS VEGAS, NV 89102-3200  
TELEPHONE: (702) 486-2575 FAX: (702) 486-2577 Website: [boxing.nv.gov](http://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 aprobado 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 aprobado 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