

**\*\*PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO N.J.S.A.C.B \*\*\*NO CASH!!\*\*\***

**NEW JERSEY STATE ATHLETIC CONTROL BOARD - LICENSE APPLICATION**

P.O. Box 180, Trenton, NJ 08625-0180

Telephone: 609.292.0317 Office Fax: 609.341.5038

**SECTION I - All Amateur Applicants Complete Check (✓) or circle Type/s of License**

<b>AMATEUR CONTESTANT</b>	<b>AMATEUR MANAGER</b>	<b>AMATEUR SECOND</b>
MMA <input type="checkbox"/> \$5	MMA <input type="checkbox"/> \$25	MMA <input type="checkbox"/> \$25
Kickboxer <input type="checkbox"/> \$5	Kickboxer <input type="checkbox"/> \$25	Kickboxer <input type="checkbox"/> \$25
Muay Thai <input type="checkbox"/> \$5	Muay Thai <input type="checkbox"/> \$25	Muay Thai <input type="checkbox"/> \$25
<b>LAST NAME</b> print clearly in space below	<b>FIRST NAME</b> print clearly in space below	<b>MIDDLE NAME</b> print clearly in space below

Address:	City:	State:	Zip:	Country:
Mailing Address:	City	State:	Zip	Country

Date of Birth: ____/____/____	Sex: <b>Male      Female</b>	Have you ever been convicted of a crime? If yes, explain: <b>YES      NO</b>
Social Security No. ____/____/____	Height      Weight ____      ____	Are you presently on any suspension list? If yes, please explain: <b>YES      NO</b>
Citizenship:	Place of Birth (city/state)	Have you ever been disqualified in any contest or disciplined for your actions during a contest? If yes, please explain: <b>YES      NO</b>
E-Mail:	Has any license you've held been revoked? <b>YES      NO</b> If yes, please explain:	
Telephone:(Residence) (      )	Telephone:(Business) (      )	List all other Athletic Commissions in which you are licensed:
Telephone: (Cell) (      )	Fax: (      )	NJSACB Office Use

**Section II - Mixed Martial Artist, Kickboxer's & Muay Thai Fighter's Only - Please Print**

Have you ever been hospitalized due to an injury suffered in any contest? If YES, please explain <b>YES      NO</b>	Do you have any current medical conditions? <b>YES      NO</b> If YES, please explain.
---	---

Have you had amateur experience? **YES      NO** Amateur Record: \_\_\_\_\_ Number of Fights: \_\_\_\_\_  
Submission Grappling Record: \_\_\_\_\_ Name of Gym or Club where you trained: \_\_\_\_\_

Do you have a **Manager** and/or **Trainer**? **YES      NO** If yes, provide name  
 Manager Name: \_\_\_\_\_ Address: \_\_\_\_\_ Contact # \_\_\_\_\_  
 Trainer Name: \_\_\_\_\_ Address: \_\_\_\_\_ Contact# \_\_\_\_\_

**SECTION II (continued) \*\*Fighters Only\*\* Communicable Bodily Fluid Virus High-Risk Questionnaire\*\***

1. Do you have any immediate family members who have HIV, Hepatitis B or C? **YES NO** If yes, please provide detail.  
\_\_\_\_\_
2. Have you received a transfusion of blood or blood components? **YES NO** If yes, specify date, location, reason  
\_\_\_\_\_
3. Have you had surgery requiring blood products? **YES NO** If yes, specify date, location, reason  
\_\_\_\_\_
4. Have you used injectable drugs? **YES NO** If yes, specify date of most recent injection \_\_\_\_\_
5. Have you been sexually active with an individual who has HIV, Hepatitis B or C? **YES NO** If Yes, please provide most recent date of such activity: \_\_\_\_\_
6. Have you engaged in unprotected sex? **YES NO** If Yes, please provide most recent date of such activity \_\_\_\_\_
7. Have you had sex with a injectable user? **YES NO** If Yes, please provide most recent date of such activity \_\_\_\_\_
8. Have you worked in a health care or laboratory setting? **YES NO** If Yes, please provide appropriate dates:  
\_\_\_\_\_
9. Have you been imprisoned or worked in a prison or any type of correctional facility: **YES NO** If Yes provide appropriate dates: \_\_\_\_\_
10. Do you have any tattoos or body piercing? **YES NO** If Yes, when was most recent one obtained \_\_\_\_\_
11. Do you have any reason to believe that you may have contracted HIV or Hepatitis B or C at anytime? **YES NO**  
If Yes, explain: \_\_\_\_\_

**SECTION III (Amateur Manger's , Second's & Self-Managed Fighters Complete) Please Print**

List names of fighter/s which you currently manage or second:  
\_\_\_\_\_

Do you know of any medical conditions the above fighter(s) currently have? **Yes No** If YES, please explain:  
\_\_\_\_\_

**SECTION IV - ALL APPLICANTS MUST COMPLETE THIS SECTION - New Jersey Child Support Certification Process**

Please certify, under penalty of perjury, the following::

Yes	No	1) Do you currently have a child support obligation?
Yes	No	1a) If YES, are you in arrears in payment of said obligation?
Yes	No	1b) If "YES", does the arrearage match or exceed the total amount payable for the past six months
Yes	No	2) Have you failed to provide any court ordered health insurance coverage during the past six months
Yes	No	3) Have you failed to respond to a subpoena relating to either paternity or child-support proceeding?
Yes	No	4) Are you the subject of a child-support related arrest warrant?

In accordance with N.J.S.A.2A:17-56.44d, an answer "Yes" to any of the numbered questions 1a through 4 will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

I THE UNDERSIGNED HEREBY DECLARE THAT I HAVE READ THIS APPLICATION AND THAT ALL THE ANSWERS TO THE QUESTIONS ARE TRUE, AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FAILURE TO ANSWER SHALL CONSTITUTE GROUNDS FOR LICENSE REVOCATION AND OR OTHER APPLICABLE LEGAL PENALTIES.

I ALSO UNDERSTAND THAT BY SIGNING THIS APPLICATION THAT I AM AUTHORIZING THE STATE ATHLETIC CONTROL BOARD TO CONDUCT A FULL INVESTIGATION INTO MY BACKGROUND AND ACTIVITIES. I UNDERSTAND THAT THE OFFICE OF THE ATTORNEY GENERAL AND THE NEW JERSEY STATE POLICE MAY PARTICIPATE IN THIS BACKGROUND INVESTIGATION.

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE BOARDS, EMPLOYERS, EDUCATION INSTITUTIONS FINANCIAL INSTITUTIONS AND ALL GOVERNMENT AGENCIES, FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, I HAVE APPLIED FOR A LICENSE WITH STATE ATHLETIC CONTROL BOARD AND FOR THE PURPOSE OF THIS APPLICATION, YOU ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL INFORMATION PERTAINING TO ME, DOCUMENTARY OR OTHERWISE, AS REQUESTED BY ANY APPROPRIATE EMPLOYEE, AGENT OR REPRESENTATIVE OF THE STATE ATHLETIC CONTROL BOARD, THE OFFICE OF THE ATTORNEY GENERAL OR THE NEW JERSEY STATE POLICE.

I THE UNDERSIGNED STATE THAT A PHOTOSTATIC OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

FURTHER, I AM AWARE AND AGREE THAT MY SIGNATURE CONSTITUTES A WAIVER OF LIABILITY AS TO THE STATE OF NEW JERSEY AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGE RESULTING IN DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSURE CONSIDERATION PROCESS OR DURING ANY INVESTIGATIONS, INQUIRY OR HEARING.

I HEREBY AUTHORIZE THAT RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION TO THIS AGENCY ONLY FOR THE EXPRESS PURPOSE OF PROCESSING MY APPLICATION FOR A LICENSE. THE AUTHORITY TO REQUEST CRIMINAL INFORMATION IS SET FORTH IN THE N.J.S.A.5:2a-15.

I UNDERSTAND THAT THE DISCLOSURE OF MY SOCIAL SECURITY NUMBER ON THIS APPLICATION IS VOLUNTARY AND THAT IT WILL ONLY BE USED FOR PURPOSES OF PROCESSING MY APPLICATION.

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_