

**\*\*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 Applicants Complete Check (✓) or circle Type/s of License**

<b>Last Name:</b>	<b>CONTESTANT</b>	<b>MANAGER</b>	<b>SECOND</b>	<b>ANNOUNCER</b> <input type="checkbox"/> \$100
	Boxer <input type="checkbox"/> \$5	Boxing <input type="checkbox"/> \$25	Boxing <input type="checkbox"/> \$25	<b>TIMEKEEPER</b> <input type="checkbox"/> \$100
	Kickboxer <input type="checkbox"/> \$5	Kickboxer <input type="checkbox"/> \$25	Kickboxer <input type="checkbox"/> \$25	<b>INSPECTOR</b> <input type="checkbox"/> \$0
<b>First Name:</b>	MMA <input type="checkbox"/> \$5	MMA <input type="checkbox"/> \$25	MMA <input type="checkbox"/> \$25	<b>PHYSICIAN</b> <input type="checkbox"/> \$0
	<b>REFEREE</b>	<b>JUDGE</b>	<b>PROMOTER</b>	<b>MATCHMAKER</b>
	Boxing <input type="checkbox"/> \$100	Boxing <input type="checkbox"/> \$100	Boxing <input type="checkbox"/> \$300	Boxing <input type="checkbox"/> \$100
<b>Middle Name:</b>	Kickboxing <input type="checkbox"/> \$100	Kickboxing <input type="checkbox"/> \$100	Kickboxing <input type="checkbox"/> \$300	Kickboxing <input type="checkbox"/> \$100
	MMA <input type="checkbox"/> \$100	MMA <input type="checkbox"/> \$100	MMA <input type="checkbox"/> \$300	MMA <input type="checkbox"/> \$100
	Amateur MMA <input type="checkbox"/> \$100	Amateur MMA <input type="checkbox"/> \$100	Amateur MMA <input type="checkbox"/> \$300	Amateur MMA <input type="checkbox"/> \$100
<b>AKA or Alias:</b>				

<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Country:</b>
<b>Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Country:</b>

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Has any license you've held been revoked?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

**Section II - Boxer's, Kickboxer's & Mixed Martial Artist Only - Please Print**

<b>Have you ever been hospitalized due to an injury suffered in any contest? If YES, please explain</b> <b>YES</b> <b>NO</b>	<b>Do you have any current medical conditions? YES NO If YES, please explain.</b>
<b>Have you had amateur experience? YES NO Amateur Record: _____ Number of Fights: _____</b>	
<b>Submission Grappling Record: _____ Name of Gym or Club where you trained: _____</b>	
<b>Do you have a Manager and/or Trainer? YES NO If yes, provide name</b>	
<b>Manager Name: _____ Address: _____ Contact # _____</b>	
<b>Trainer Name: _____ Address: _____ Contact# _____</b>	