Reset Form

APPLICATION FOR LICENSURE AS A MATCHMAKER

State Form 54128 (R / 4-10)
INDIANA STATE ATHLETIC COMMISSION
Approved by State Board of Accounts, 2010

*Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1.

INSTRUCTIONS: ***1.*** *A matchmaker license is an annual license but expires on September 30 of each year, regardless of issuance date.*

2. *To participate as a matchmaker for an event, an individual must have either a valid Indiana matchmaker license or a valid Indiana promoter license.*

3. *If you wish to be licensed as both a boxing and unarmed combat matchmaker, you must submit separate applications for each license indicating as such in the check boxes below. You are required by law to submit the full license fee with each application.*

4. *The following information is required to be submitted in order to be issued a matchmaker license:*

(A) *Application for Licensure as a Matchmaker.*
(B) *A clear photocopy of a current government issued photographic identification card (i.e. driver's license, passport, mixed martial arts national identification card, professional boxer federal identification card), which affirms that the applicant is at least eighteen (18) years of age.*
(C) *One (1) digital photograph which shows head and shoulders only, without a hat, and in a natural pose. Please email the digital photograph to iac@igc.in.gov and include your name in the subject line.*

5. *The license fee for this application is $125.00 and should be made payable to the Indiana State Athletic Commission. Please mail all required information, simultaneously with any event permit application in which the applicant is seeking to participate, if applicable, to:*

Indiana Gaming Commission
Attention: Indiana State Athletic Commission
101 W. Washington Street
East Tower, Suite 1600
Indianapolis, Indiana 46204

Please check the license you wish to obtain (*you may only check ONE (1) for this application*):

☐ BOXING MATCHMAKER ☐ UNARMED COMBAT MATCHMAKER

FOR OFFICE USE ONLY	
RECEIPT NUMBER	
LICENSE NUMBER	
DATE ISSUED (*month, day, year*)	
DATE EXPIRES (*month, day, year*)	

APPLICANT INFORMATION

Full name of applicant (*first, middle, last*) (*please print*)	Social Security number*	Date of birth (*month, day, year*)

Address (*number and street, city, state, and ZIP code*)

Primary telephone number ( )	E-mail address	Place of birth (*city, state*)

State your experience and qualifications which you believe the Commission should consider for licensure (*attach additional sheets if necessary*):

If you answer "Yes" to any question below, explain fully in a signed and notarized statement, including all related details. If you answer "Yes" to a question regarding previous criminal matters, licensure denial or licensure discipline, please include the violation, location, date and disposition. Include all relevant court documents if applicable. Letters from attorneys are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license issued pursuant to this application.

1.	Are you employed by or have you a financial interest in any promotion company conducting boxing or unarmed combat events in this state or any other state?	☐ Yes	☐ No
2.	Have you ever been convicted of, or pled guilty or nolo contender to any offense, misdemeanor or felony in any state, or by the Federal courts, or any agency of government, or are criminal charges now pending against you (except for minor violations of traffic laws resulting in fines); and are you currently facing any unadjudicated misdemeanor or felony charges?	☐ Yes	☐ No
3.	Have you ever been denied a license, certification, registration or permit in the State of Indiana or any other state or tribal nation?	☐ Yes	☐ No
4.	Has any complaint been filed against you in the State of Indiana, or any other state or tribal nation, regarding any license, certification, registration or permit you currently hold or have previously held?	☐ Yes	☐ No
5.	Has disciplinary action ever been taken against a license, certification, registration or permit you currently hold or have previously held in the State of Indiana or any other state or tribal nation?	☐ Yes	☐ No

APPLICATION AFFIRMATION

I hereby swear or affirm, under penalties of perjury, that the statements made in this application are true, complete, and correct.

Signature of applicant	Printed name of applicant	Date (*month, day, year*)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Indiana State Athletic Commission ("Commission") any files, documents, records or other information pertaining to the undersigned requested by the Commission, or any of their authorized representatives, in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations or institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Commission to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations or institutions any information, which is material to my application for licensure, and I hereby specifically release the Commission from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant	Printed name of applicant	Date (*month, day, year*)