



APPLICATION FOR LICENSURE AS A PROFESSIONAL BOXER

State Form 45727 (R5 / 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 professional boxer license is a biennial license but expires on September 30 of each even numbered year, regardless of issuance date.

2. The following information is required to be submitted in order to be issued a professional boxer license:

(A) Application for Licensure as a Professional Boxer.

(B) A completed association of boxing commission boxer federal identification card application if the applicant does not hold an active boxer federal identification card issued by another state or tribal nation pursuant to 15 U.S.C. 6305.

(C) If the applicant holds an active boxer federal identification card issued by another state or tribal nation, a clear photocopy of the card must be submitted.

(D) A written statement from a physician, not more than one (1) year old from the date of the professional boxing event or professional-amateur boxing event the applicant is seeking to participate in, which affirms that the applicant has undergone a thorough medical examination and is physically fit and qualified to participate in the sport of boxing. The physician who conducts the medical examination and affirms the physical fitness of the applicant must have been licensed in the jurisdiction in which the medical examination occurred at the time the medical examination was conducted.

(E) Laboratory results, not more than one (1) year old from the date of the professional boxing event or professional-amateur boxing event the applicant is seeking to participate in, affirming that the applicant has tested negative for the presence of:

(1) antibodies to the human immunodeficiency virus (HIV),

(2) the surface antigen of the hepatitis B virus, and

(3) antibodies to the hepatitis C virus.

(F) A clear photocopy of the professional boxer's active boxer federal identification card or a current government issued photographic identification card (i.e. driver's license, passport, mixed martial arts national identification card), which affirms that the applicant is at least eighteen (18) years of age.

(G) 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.

3. The license fee for this application is \$50.00 and should be made payable to the Indiana State Athletic Commission. Please mail all required information, no later than ten (10) days prior to the date of the event 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

FOR OFFICE USE ONLY

RECEIPT NUMBER	
LICENSE NUMBER	
DATE ISSUED (month, day, year)	
DATE EXPIRES (month, day, year)	
FEDERAL ID NUMBER	
FEDERAL ID NUMBER EXPIRATION DATE	

APPLICANT INFORMATION

Full name of applicant (*first, middle, last*)

Residence address (*number and street, city, state, and ZIP code*)

Primary telephone number
()

Occupation

Business telephone number
()

E-mail address

Social Security number*

Date of birth (*month, day, year*)

Place of birth (*city, state*)

Normal weight

Fighting weight

Height

Federal ID number (*if applicable*)

Federal ID number expiration date (*month, day, year*)

If you answer "Yes" to any question below, explain fully in a signed and notarized statement, including all related details. 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. Have you ever been convicted of, or pled guilty or nolo contendere 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
2. 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
3. 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
4. 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*)