



APPLICATION FOR LICENSURE AS A REFEREE

State Form 45728 (R5 / 10-09)

INDIANA STATE ATHLETIC COMMISSION

Approved by State Board of Accounts, 2009

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

- INSTRUCTIONS:**
1. A referee license is a biennial license but expires on September 30 of each even numbered year, regardless of issuance date.
 2. If you wish to be licensed as both a boxing and unarmed combat referee, 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.
 3. The following information is required to be submitted in order to be issued a referee license:
 - (A) Application for Licensure as a Referee.
 - (B) Verifying documentation of any certification the applicant has obtained from any organization which certifies referees.
 - (C) A written statement, not more than one (1) year old, from a physician which affirms that the applicant has undergone a thorough medical examination and is physically fit and qualified to participate in an event. The physician who conducts the medical examination and who affirms the physical fitness of the applicant must have been licensed in the jurisdiction in which the medical examination occurred at the time the examination was conducted.
 - (D) A clear color photocopy of a current government issued photographic identification card (i.e. drivers license, passport, mixed martial arts national identification card, professional boxer federal identification card), which affirms that the applicant is at least twenty-one (21) years of age.
 - (E) One (1) passport quality photograph and one (1) digital photograph which show 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.
 4. The license fee for this application is \$100.00 and should be made payable to the Indiana State Athletic Commission. Please mail all required information 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 REFEREE

UNARMED COMBAT REFEREE

FOR OFFICE USE ONLY

RECEIPT NUMBER

LICENSE NUMBER

DATE ISSUED (*month, day, year*)

DATE EXPIRES (*month, day, year*)

TAPE PHOTOGRAPH HERE

APPLICANT INFORMATION

Full name of applicant (<i>first, middle, last</i>) (<i>please print</i>)	Social Security number*	Date of birth (<i>month, day, year</i>)
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Address (*number and street, city, state, and ZIP code*)

Primary telephone number ()	E-mail address	Place of birth (<i>city, state</i>)
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State your experience and qualifications which you believe the Commission should consider for licensure (*attach additional sheets if necessary*):

List all boxing or unarmed combat promotions, clubs or associations with which you are associated at this time or have previously officiated (Attach a separate sheet if necessary)

Name of Promotion, Club or Association

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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*)