APPLICATION FOR INITIAL LICENSURE OR RENEWAL OF LICENSURE AS A PROFESSIONAL MARTIAL ARTIST

State Form 54131 (R6 / 06/25)
Approved by State Board of Accounts, 2011
INDIANA GAMING COMMISSION

INSTRUCTIONS: ***1.*** *A professional martial artist license is a biennial license that expires on September 30 of each even numbered year, regardless of the date of issuance.*

2. *The following information is required to be submitted to a professional martial artist license to be issued:*

(A) *Application for Initial Licensure or Renewal of Licensure as a Professional Martial Artist.*
(B) *A clear photocopy of the applicant's active National ID card.*
(C) *A written statement from a physician, not more than one (1) year old from the date of the event in which the applicant seeks to participate, which affirms that the applicant has undergone a thorough medical examination and is physically fit and qualified to participate in the sport of martial arts. 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. The physical must be done on a form prescribed by the Commission or the Commission of another state, country, or tribal nation.*
(D) *Laboratory results, not more than one (1) year old from the date of the event in which the applicant seeks to participate, 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.*

(E) *One (1) digital photograph of the applicant 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 is nonrefundable. Checks and money orders should be made payable to the Indiana Gaming Commission. Please mail, along with the necessary information above, to:*

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

4. *The applicant is under a continuing duty to maintain suitability to be licensed as a professional mixed martial artist and must update the Commission of any material changes to the information provided on this application. Failure to update the Commission of any changes may result in denial of the application or disciplinary action against the applicant.*

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

Reset Form

APPLICANT INFORMATION

Full name of applicant (*first, middle, last*)	Amateur record	Professional record

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

Occupation	E-mail address

Last 4 digits of Social Security number XXX-XX- _____	Date of birth (*month, day, year*)	Place of birth (*city, state*)

Normal weight	Fighting weight	Height	National ID number (*if applicable*)	National ID number expiration date (*month, day, year*)

- If you answer "Yes" to any question below, explain fully on a separate sheet of paper that includes all related details. The Commission will **NOT** accept letters from attorneys 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.	Does applicant have, or has applicant ever held, a Federal Gambling Stamp?	☐ Yes	☐ No
2.	Are you employed by or have you a financial interest in any promotion company conducting boxing or mixed martial arts or martial arts events in this state or any other state, country, or tribal nation?	☐ Yes	☐ No
3.	Have you ever withdrawn or been denied a license, certification, registration, or permit in the State of Indiana or any other state, country, or tribal nation to participate in any way in combat sports	☐ Yes	☐ No
4.	Has any complaint been filed against you in the State of Indiana or any other state, country, or tribal nation, regarding any license, certification, registration, or permit you currently hold or have previously held to participate in any way in combat sports?	☐ 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, country, or tribal nation to participate in any way in combat sports? (*e.g. fine, revocation, etc.*)?	☐ Yes	☐ No

AUTHORIZATIONS FOR RELEASE OF INFORMATION

Please provide your initials where appropriate.

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Indiana Gaming 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. This authorization ends twenty-four (24) months from the date of application or after the license has expired, whichever occurs sooner.

_____ **INITIALS**
(*This must be initialed to complete licensure*)

I hereby authorize the Indiana Gaming Commission ("Commission") to release, disclose and furnish to any other commission, health care provider, or program affiliated with the Association of Boxing Commissions ("ABC") any and all of my medical records obtained by the Commission concerning my licensure as a mixed martial artist. I understand that this authorization is optional and that declining to consent to said authorization will not result in adverse action being taken by the Commission or any member commissions affiliated with the ABC.

_____ **INITIALS**

I hereby authorize the Indiana Gaming Commission ("Commission") to release, disclose and furnish my personal phone number and electronic mail address, to any interested party. I understand that this is an authorization to release information that is protected under IC 4-33-5-1.5(a)(3) & (11). I understand that this authorization is optional and that declining consent to said authorization will not result in adverse action being taken by the Commission.

_____ **INITIALS**

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*)