Reset Form

APPLICATION FOR INITIAL LICENSURE OR RENEWAL OF LICENSURE AS A SECOND FOR A PROFESSIONAL FIGHTER FOR MIXED MARTIAL ARTS OR MARTIAL ARTS

State Form 54129 (R5 / 6-25)
Approved by State Board of Accounts, 2011
INDIANA GAMING COMMISSION

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

2. *If you wish to be licensed as both a martial arts and mixed martial arts second, 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 second license:*

(A) *Application for Initial Licensure or Renewal of Licensure as a Second for a Professional Fighter.*
(B) *A clear photocopy of a current government issued photographic identification card (i.e. driver's license, passport), 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.*

4. *The license fee for this application is $25.00. 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

5. *The applicant is under a continuing duty to maintain suitability to be licensed as a second 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.*

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

☐ MARTIAL ARTS SECOND ☐ MIXED MARTIAL ARTS SECOND

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*)	Last 4 digits of Social Security number XXX-XX- _____	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*)

- 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 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 boxing and/or mixed martial arts?	☐ 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 boxing and/or mixed martial arts?	☐ 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 boxing and/or mixed martial arts (*e.g. fine, revocation, etc.*)?	☐ Yes	☐ No

AUTHORIZATION FOR RELEASE OF INFORMATION

Please provide your initials where appropriate.

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 to 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*)