



APPLICATION FOR PROFESSIONAL BOXING JUDGE

Read the instructions carefully before completing the application. Incomplete applications will be returned, delaying licensure. Any omission, inaccuracy or failure to make full disclosure in an application or supporting documentation may be deemed sufficient reason to deny a license, or, if a license is issued could result in the suspension or revocation of a license.

What is a professional boxing judge?

A professional boxing judge is a person other than a referee who shall have a vote in determining the winner of any boxing contest (19 NYCRR § 205.1(f)).

How do I become a new licensed professional boxing judge?

To become a new boxing judge you must complete and return the enclosed application with a fingerprint receipt. In addition, you must submit a financial questionnaire, complete a medical evaluation, pass a certified training program administered by the Commission, which shall include having unofficially judged a minimum of 10 rounds of professional boxing, and demonstrated your skills as a judge of professional boxing, to the satisfaction of the Commission (NY Unconsolidated Laws § 8907-a; 19 NYCRR § 207.25). Failure to satisfy any one of these requirements will result in the denial of your application.

What is the fee and term for a judge?

The fee for a professional judge license is \$50.00 and the license is valid from the date of its issuance until the first September 30th following the date of issuance.

What forms of payment do you accept?

You may pay by check or money order made payable to the: "New York State Athletic Commission". You may also pay with cash. A \$20.00 fee will be charged for any check returned by your bank.

How long after my application until I will be assigned to a professional event?

Because the application process requires completion of a training program it may take several months before you can be issued a license. In addition, issuance of a license does not guarantee you will be assigned as a ring official. Assignments are made in the discretion of the Commission on an as needed basis based on an official's individual experience and qualifications.

Do I need to be fingerprinted to be a licensed judge?

Yes, to be a licensed professional judge you must be fingerprinted (NY Unconsolidated Laws § 8911). Your

application cannot be approved until your fingerprint results have been returned to the Commission.

Do I need to complete the Child Support Statement section of the application?

Yes, a Child Support Statement is mandatory in New York State (General Obligations Law). The law requires you to complete this section — regardless of whether or not you have children or any support obligation.

Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver's licenses suspended.

The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

PRIVACY NOTIFICATION

Do I need to provide my Social Security and federal ID numbers on the application?

Yes. The State Athletic Commission is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. The authority to request this information is also provided by 19 NYCRR § 207.7(a)(1). This information will be maintained in the Licensing Information System by the Director of Licensing, at 123 William Street, New York, NY 10038-3804.

PLEASE DO NOT RETURN THIS COVER PAGE WITH YOUR APPLICATION. - THANK YOU -

APPLICATION FOR A PROFESSIONAL BOXING JUDGE

**Read the instructions before completing this application.
You must answer each question and PRINT responses in ink.**

APPLICANT'S NAME (LAST, FIRST, MI, SUFFIX)

APPLICANT'S HOME ADDRESS — NUMBER AND STREET (P.O. BOX MAY BE ADDED TO ENSURE DELIVERY)

CITY

STATE

ZIP + 4

COUNTY AND COUNTRY

SOCIAL SECURITY NUMBER (See Privacy Notification)

DATE OF BIRTH (month, day, year)

FEDERAL BOXING I.D. NUMBER (if applicable)

E-MAIL ADDRESS (IF ANY)

DAYTIME PHONE (REQUIRED; if problem with application)

Background Information — *You must complete this section. If you do not complete it, your application will be returned.*

1) Have you ever been issued either a License or Permit from the New York State Athletic Commission? **Yes** **No**

→ **IF “Yes,”** check appropriate box and give date:

License Year(s) Issued: _____

Permit Year(s) Issued: _____

2) Have you ever been convicted in this state or elsewhere of any criminal offense that is a misdemeanor or felony?

Yes **No**

→ **IF “Yes,”** you must submit with this application a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application.

3) Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere?

Yes **No**

→ **IF “YES,”** you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).

4) Has **any** (not limited to boxing) license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied? **Yes** **No**

→ **IF “YES,”** you must submit a copy of all relevant documents, including the agency determination, if any.

Child Support Statement — *You must complete this section. If you do not complete it, your application will be returned.*
“X” A or B, below

I, the undersigned, do hereby certify that (You *must* “X” A or B, below):

A. **I am not under obligation to pay child support.** (SKIP “B” and go directly to **Professional Boxing Information**).

B. I am under obligation to pay child support. (You must “X” any of the four statements below that are true and apply to you):

I do *not* owe four or more months of child support payments.

I am making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties.

My child support obligation is the subject of a pending court proceeding.

I receive public assistance or supplemental social security income.

Professional Boxing Information – *You must complete this section.*

If you do not complete it, your application will be returned.

1. Were you ever a Professional Boxer? Yes No → **IF “YES,”** please provide details of prior Boxing experience (including licensing information): _____

2. Do you have any financial, personal or familial interest in any corporation conducting boxing or wrestling, in New York or elsewhere? Yes No → **IF “YES,”** please provide details of interest (Attach additional sheets if necessary): _____

3. Do you have any financial, personal or familial interest in any professional boxer? Yes No
→ **IF “YES,”** please provide details of interest and name of boxer (Attach additional sheets if necessary): _____

4. Have you ever been terminated from a position for cause (i.e., dereliction of duty, tardiness etc...)? Yes No
→ **IF “YES,”** please provide past employment information and reasons for termination (Attach additional sheets if necessary): _____

5. Do you now or have you ever held a license as a professional boxing judge in any state, jurisdiction or territory? Yes No → **IF “YES,”** please identify the state, jurisdiction or territory and dates of licensure (attach more pages if necessary): _____

6. Are you currently a certified judge recognized by the Association of Boxing Commissions? Yes No
7. Do you have at least 2 years of experience judging sanctioned amateur boxing matches? Yes No
→ **IF “YES,”** please provide at least one letter of reference from each sanctioning organization you have been affiliated with and your dates of affiliation.
8. Have you passed a basic first aid training program? Yes No
→ **IF “YES,”** please provide certificate of training with dates of completion.
9. State your qualifications as a boxing judge (attach more pages if necessary): _____

Applicant Affirmation — I affirm, under the penalties of perjury, that the statements made in this application are true and correct. I further affirm that I have read and understand the provisions of Title 25 of the New York Unconsolidated Law and the rules and regulations promulgated thereunder.

Applicant's Signature

X _____ *Date:* _____

IF YOU ARE APPLYING FOR A LICENSE AND WOULD LIKE A PHYSICAL LICENSE MAILED TO YOU CHECK THIS BOX:

Please remember to include with this form any required explanations and the appropriate fee (if by check, money order payable to: NYS Athletic Commission).

FOR COMMISSION USE ONLY:

License Number: _____

Pending Number: _____

Financial Questionnaire

(Applicants for Professional Boxing Judge License)

1) Name _____ 2) Home phone _____

3) Home Address _____

City _____ State _____ Zip _____

4) Profession or Occupation _____ 5) Business phone _____

6) Business Address _____

City _____ State _____ Zip _____

7) Do you have any financial interest in, or financial dealings with, any professional boxer, manager, promoter, venue or matchmaker? _____ Yes No

8) Are any of your parents, grandparents, children, grandchildren, siblings, spouses, nieces, grandnieces, nephews, grandnephews or first cousins professional boxer, managers, seconds, trainers, promoters, or matchmakers or the employees of any professional boxer, seconds, trainer, manager, promoter, venue matchmaker or sanctioning body? _____ Yes No

9) Is there a presently unsatisfied final judgment against you? _____ Yes No

10) Do you owe any unpaid taxes to any taxing jurisdiction? _____ Yes No

11) Are you presently indebted to any gambling casino? _____ Yes No

12) Are you licensed as a professional boxing judge or professional boxing referee in any other jurisdiction? _____ Yes No

13) Has any license you have held as a professional boxing judge or referee ever been suspended or revoked? _____ Yes No

14) Have you ever been denied a license requiring proof of good character? _____ Yes No

15) Do you hold any other license or surety bond that has been suspended or revoked and has not been reinstated? _____ Yes No

16) Are you a debtor in a pending bankruptcy proceeding? _____ Yes No

17) Have you received a discharge in bankruptcy within the last 12 months? _____ Yes No

18) Have you been denied a discharge in bankruptcy within the last 36 months? _____ Yes No

If YES to Items 7-18, please set forth the details (use additional sheets if necessary): _____

box if additional sheets are used.

Applicant Certification - I hereby certify that the above statements are true and correct to the best of my knowledge and belief. I further understand that all statements and information supplied by me are made under penalty of perjury and false or misleading statements may be grounds for revocation.

Applicant's signature _____ **Date:** _____

History and Physical Examination Record for License as a Judge or Referee

NYS DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
123 WILLIAM STREET, 20TH FLOOR
NEW YORK, NY 10038-3804
Phone: (212) 417-5700
www.dos.ny.gov/athletic/

SECTION 1 — TO BE COMPLETED BY APPLICANT

1. LEGAL NAME	2. HOME TELEPHONE NUMBER	3. BUSINESS TELEPHONE NUMBER
4. STREET ADDRESS (HOME)		
CITY	STATE	ZIP CODE + 4
5. DATE OF BIRTH	6. OTHER STATES IN WHICH LICENSED TO OFFICIATE PROFESSIONALLY	
7. Have you ever served in the U.S. Armed Services?..... <input type="checkbox"/> YES* <input type="checkbox"/> NO *If you received a medical discharge, state reason: _____		
8. Do you suffer from shortness of breath, pounding (palpitation) of the heart, any pain or pressure in the chest, or have you ever been told that you had any disease of the heart?..... <input type="checkbox"/> YES* <input type="checkbox"/> NO *If YES, explain: _____		
9. Have you ever spat blood or been told that you have any disease of the lung?..... <input type="checkbox"/> YES* <input type="checkbox"/> NO *If YES, explain: _____		
10. Have you ever been advised to have any special examinations such as X-rays, electrocardiograms, electroencephalograms, blood examinations, etc.? <input type="checkbox"/> YES* <input type="checkbox"/> NO *If YES, explain: _____		
11. Have you ever fractured any bones or suffered any back, neck or other injury? <input type="checkbox"/> YES* <input type="checkbox"/> NO *If YES, explain: _____		
12. Have you had any illness, disease, accident or surgical operation within the past five years?..... <input type="checkbox"/> YES* <input type="checkbox"/> NO *If YES, explain: _____		
13. Have you any other information concerning your health — past and present — which has not been covered by the above questions?..... <input type="checkbox"/> YES* <input type="checkbox"/> NO *If YES, explain: _____		

Comments, if any: _____

box if additional comments on back

Applicant Certification — I hereby certify that the above statements are true and correct to the best of my knowledge and belief. I further understand that all statements and information supplied by me are made under the penalty of perjury and, if untrue and not informative, will lead to penalty and/or suspension.

X _____
Applicant Signature *Date*

X _____
Physician's Signature *Date*

X _____
Reviewed by (Physician) *Date*

Additional comments, if any

1. VITAL SIGNS

A) BLOOD PRESSURE	B) PULSE (AT REST)	C) PULSE (AFTER 20 HOPS)	D) PULSE (2 MINUTES AFTER EXERCISE)
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COMMENT _____

2. HEAD AND FACE (Describe scars, swelling, tenderness, etc.)

NORMAL ABNORMAL NOT EXAMINED

3. EYES (to be completed by an optometrist)

A) RETINA

NORMAL ABNORMAL NOT EXAMINED

B) CORNEA AND CONJUNCTIVEA

NORMAL ABNORMAL NOT EXAMINED

C) VISUAL ACUITY (SNELLEN CHART)

UNCORRECTED:

RIGHT _____ LEFT _____

CORRECTED:

RIGHT _____ LEFT _____

Optometrist signature:.....date:.....

4. EARS (Including tympanic membrane, external auditory canals, auditory acuity for conversational voice)

NORMAL ABNORMAL NOT EXAMINED

5. NOSE

NORMAL ABNORMAL NOT EXAMINED

6. OROPHARYNX

NORMAL ABNORMAL NOT EXAMINED

7. NECK

NORMAL ABNORMAL NOT EXAMINED

8. LUNGS

NORMAL ABNORMAL NOT EXAMINED

9. THORAX/CHEST

NORMAL ABNORMAL NOT EXAMINED

10. HEART

NORMAL ABNORMAL NOT EXAMINED

11. ABDOMEN and INGUINAL AREA

NORMAL ABNORMAL NOT EXAMINED

12. BACK and SPINE

NORMAL ABNORMAL NOT EXAMINED

13. EXTREMITIES/MUSCULOSKELETAL SYSTEM

NORMAL ABNORMAL NOT EXAMINED

14. SKIN

NORMAL ABNORMAL NOT EXAMINED

15. LYMPHATIC SYSTEM

NORMAL ABNORMAL NOT EXAMINED

16. NERVOUS SYSTEM

NORMAL ABNORMAL NOT EXAMINED

SUMMARIZE ALL POSITIVE FINDINGS, IF ANY, AND INDICATE YOUR CLINICAL INTERPRETATION OF THIS DATA

RECOMMENDATIONS FOR FURTHER SPECIALIZED EXAMINATION AND/OR CONSULTATION

OTHER REMARKS

Physician's Certification — I hereby certify that I have examined (*print full legal and ring name of applicant*)

on this day, (insert date) _____, and I Approve Disapprove this applicant for Judge/Referee

Name of Physician (PRINT): _____

Signature of Physician: X _____

Office Address: _____

If physical was not conducted at the office listed above, specify location/address

Office Telephone Number: _____