New York State
Department of State
State Athletic Commission
P.O. Box 22090
Albany, NY 12201-2001
Fax: (518) 474-3795
www.dos.ny.gov/athletic

New York State Athletic Commission

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Department of State
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123 William Street
New York, NY 10038-3804
Telephone: (212) 417-5700
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Application for Combative Sport Professional License (Professional Boxer and Professional Mixed Martial Artist)

***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.*

Is there an age requirement to become a Licensed Combative Sport Professional?
Yes. A licensed Combative Sport Professional must be 18 years or older.

What is the fee and term for a Combative Sport Professional License?
The application fee for a Professional Boxer License is $10.00. The application fee for a Professional Mixed Martial Artist License is $50.00. A Mixed Martial Artist license is valid for one year from the license effective date. A Boxer license is valid until the September 30th following the date the license is granted.

When do I apply for an original license?
You can apply for an original license at any time. However, if you plan to participate in a scheduled event, you are encouraged to submit your license application and required documentation two weeks prior to that event to allow for adequate processing time.

When do I renew my license?
You can renew your license three months prior to and three years beyond the license expiration date. If you fail to renew within the three year deadline, you must submit an original license application with the required documentation.

Do I need to be fingerprinted?
No. Fingerprinting is not required.

Why do I need to provide my email address?
You will receive your license and any correspondence related to your license or application by email. If your email address changes, submit an amendment application to this office providing your new email address.

What medical test results are required to be licensed?
The following medical test results with test dates are required:
- Physician signed health history and physical exam record - Dated within 1 year
- Brain MRI (Magnetic Resonance Image) – Dated within 3 years
- 12 Lead EKG - Dated within 1 year
- Dilated eye exam by licensed ophthalmologist - Dated within 1 year
- Hepatitis B Surface Antigen - Dated within 1 year
- Hepatitis C Antibody - Dated within 1 year
- HIV - Dated within 1 year
- PT/INR –Most recent
- Platelet Count or CBC – Most recent
- PTT – Most recent
- Pregnancy test for females - Dated within 30 days of each event

What documentation proves my readiness to fight professionally?
- Copy of your amateur book (required if you are making your professional boxing debut)
- Letter from your trainer detailing your current training regimen and amateur background (required if you are making your professional debut)
- Letter from another state athletic commission
- Letter from amateur sanctioning organization verifying your readiness to fight professionally
- Articles or documents pertaining to your career in the sport
- Copy of Fight Fax or BoxRec (Boxing)
- Copy of MixedMartialArts.com Fight Record (MMA)
- Copy of Boxer Federal ID or MMA National ID Card
- Video footage of you competing in the sport

What documents are required with my application?
- Physician signed health history and physical exam record
- The medical test results listed above with test dates
- Copy of an unexpired government issued photo ID
- Documentation proving your readiness to fight professionally (Copy of Amateur Book, Fight Fax, BoxRec, MixedMartialArts.com, Fight Record, letter from trainer, video footage, letter from amateur sanctioning organization, etc.) – NOT REQUIRED FOR RENEWAL
- Documentation supporting your "YES" response(s) to the questions in the "Background Information" section of this application
- $10.00 application fee for a Professional Boxer License
- $50.00 application fee for a Professional Mixed Martial Artist License

What forms of Payment do you Accept?
You may pay by check or money order made payable to the Department of State. Do not send cash. **Application fees are nonrefundable.** A $20 fee will be charged for any check returned by your bank.

How do I submit my application and supporting documentation to the State Athletic Commission?

Mail to: New York State, Department of State
State Athletic Commission
P.O. Box 22090
Albany, NY 12201-2001

Child Support Statement section of the application
The Child Support Statement is mandatory in New York State (General Obligations Law) 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 frustration 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 number on the Application?
Yes. The State Athletic Commission is required to collect the Social Security 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 §207.5(a)(1). This information will be maintained in the Licensing Information System by the Commission, at 123 William Street, New York, NY 10038-3804.

PLEASE TAKE NOTICE THAT SUBMITTING THIS APPLICATION DOES NOT GUARANTEE YOU WILL BE AUTHORIZED TO ENGAGE IN A PROFESSIONAL COMBATIVE SPORT.

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Read the Instructions before completing this application. You must print responses in ink. An * requires a response.

To apply for more than one license, submit a separate application, fee and required documentation for each license.

***Select License Type (Check one only): ☐ Boxer ($10.00) ☐ Mixed Martial Artist ($50.00)**

Are you currently scheduled to compete on a specific professional card in New York State? ☐ Yes ☐ No

If "Yes", provide Date:_____ Venue:_____

***Are you applying for a new license, a license renewal or do you wish to amend/change information on your file? (Check one only): ☐ New (see fee above) ☐ Renewal (See fee above) ☐ Amendment (No fee)**

APPLICANT INFORMATION

*First Name	*Last Name	Middle Initial	Suffix

Aliases (If you have been known by other names, list each name)

*Address 1	Address 2

*City	*US State or Canadian Province	*Zip/Postal Code

County (if NYS resident)	* Country	* Gender ☐ Male ☐ Female	* Date of Birth (mm/dd/yyyy)

*Do you have a Social Security Number (SSN)?
☐ Yes ☐ No If "YES", provide your social security number:

*Telephone Number - Home	Business	Cell	*E-Mail Address

*☐ I have attached a copy of an unexpired government issued photo ID.

COMBATANT INFORMATION

*Normal Weight (lbs)	*Minimum Ring Weight Range (lbs)	*Maximum Ring Weight Range (lbs)	*Height (Feet and Inches)

Ring Name (If applicable)

If you have distinguishing marks (tattoos, scars, birthmarks, body piercings, etc.), describe each mark below:

Boxer Federal ID Number/MMA National ID Numbe	ID Expiration Date

1) *Describe your experience which qualifies you to fight professionally in New York. If additional space is required, attach additional documentation.

2) * Submit copies of documentation verifying your readiness to fight professionally in New York. (See Page 1 for list of documents)

3) * What type of documentation are you submitting to verify your readiness to fight professionally? ☐ **Professional** ☐ **Amateur**

Manager (If you have a contract with a manager, complete the following information):

Manager's Business Name	Manager's First Name	Manager's Last Name	Middle Initial	Suffix

Manager's Telephone Number	Manager's E-Mail Address

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Trainer (If you have a trainer, complete the following information):

Trainer's First Name	Trainer's Last Name	Middle Initial	Suffix

Trainer's Telephone Number	Trainer's E-Mail Address

Promoter (If you have a contract with a promoter, complete the following information):

Promoter's Business Name	Promoter's First Name	Promoter's Last Name	Middle Initial	Suffix

Promoter's Telephone Number

***Gym** - At which gym or training facility do you spar?

*Gym or Training Facility Business Name			
***City**	***State**	Country	***Telephone Number**

If you are related to or have a personal relationship with any professional referee(s), judge(s), timekeeper(s), or NYS Athletic Commission employee(s), list their name(s):

BACKGROUND INFORMATION

1) ***Do you currently hold, or have you ever held, a license issued by the NYS Athletic Commission or any other Athletic Commission?

☐ Yes ☐ No If "YES", provide the following information for each license held:

License type	State of issuance (USA only)	Country of issuance	License number	License year

2) ***Has any license or permit issued to you or a company in which you are or were a principal in New York or elsewhere ever been revoked, suspended or denied or have you been otherwise subject to disciplinary action?

☐ Yes ☐ No If "YES", explain:

3) ***Have you ever been convicted in New York or elsewhere of any criminal offense that is a misdemeanor or felony?

☐ Yes ☐ No If "YES", provide the following information for each conviction:

Year of conviction	Jurisdiction where conviction occurred	Offense (crime) for which you were convicted

If convicted, attach a copy of Certificate of Relief from Disabilities, Executive Pardon, Certificate of Good Conduct or other supporting documentation.

4) ***Are there any criminal charges (misdemeanor or felony) pending against you in any court in New York or elsewhere?

☐ Yes ☐ No If "YES", provide the following information for each charge:

Year of charge	Jurisdiction where charge occurred	Offense (nature of charge)	Current status of charge

5) ***Do you have any gambling related debts?**

☐ Yes ☐ No If "YES", explain:

AFFIRMATION STATEMENTS

1) ***Child Support Statement:**

I certify that as of the date of this application, I am not under an obligation to pay child support or if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties, or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

☐ I have read and understand the Child Support Statement and hereby certify that I am in compliance.

2) ***Health and Safety Disclosure:**

As per the Muhammad Ali Boxing Reform Act (15 USC § 6305[c] [2000]), it is the sense of Congress that each boxing commission should present to every professional boxer a health and safety disclosure upon issuance of a Federal Identification Card. In addition to such disclosure, the New York State Athletic Commission believes that it is in the best interest of boxing to include a health and safety disclosure with every professional boxer license application filed in the State of New York.

As a combative sport professional you should be aware that this sport includes many health and safety risks, including but not limited to the risk of brain injury. Therefore, it is strongly recommended that every combative sport professional periodically undergo the necessary medical exams and procedures that detect brain injury. In connection with this license application, certain specific medical exams and procedures intended to detect brain injury and other medical conditions contraindicated for combative sport professional may be required by the State Athletic Commission. If you need further information about these exams, please contact the New York State Athletic Commission.

☐ I affirm that I understand the above statement.

3) ***Laws Rules and Policies (find online at www.dos.ny.gov/athletic):**

☐ I understand, agree and acknowledge that I am responsible for complying with the laws, rules and policies of the State of New York and the New York State Athletic Commission (NYSAC) as applicable to my license discipline.

4) ***Application Affirmation:**

I, the undersigned, hereby make application in accordance with the laws of the State of New York and subject to the Rules and Regulations of the New York State Athletic Commission. I understand that this application may be approved or denied by the New York State Department of State, State Athletic Commission upon review. I understand that the submission of this application does not give me any rights or privileges to undertake activities for which a license is required. I affirm under the penalties of perjury the truth of the information contained herein. I understand and agree that any filing of false information made herein may subject me to criminal and administrative penalties. I further understand and agree that I will immediately amend this license application and file the amended application with the New York State Department of State, State Athletic Commission in the event that any of the information entered herein has changed. I understand that any license issued pursuant to this application is not transferable.

_____
Applicant Print Name

X _____ _____
Applicant Signature **Date**

Attach the following documentation to your application:

- Physician signed health history and physical exam record
- Medical test results with test dates (see application instructions on Page 1)
- Copy of an unexpired government issued photo ID
- Documentation proving your readiness to fight professionally in New York. (Copy of Amateur Book, Fight Fax, BoxRec, Mixed MartialArts.Com Fight Record, Boxer Federal ID or MMA National ID Card, letter from trainer, video footage, letter from amateur sanctioning organization, etc.) – NOT REQUIRED FOR RENEWAL
- Documentation supporting your “YES” response(s) to the questions in the “Background Information” section of this application
- $10.00 Professional Boxer License application fee (paid by check or money order)
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Combative Sport Professional Medical Releases and Disclosure

(Information provided will be maintained in each combative sport professional's medical file)

NEW YORK STATE ATHLETIC COMMISSION
DRUG ABUSE AND STEROID POLICY

I. **The New York State Athletic Commission (NYSAC) requires that every combative sport professional, as part of his/her medical examination, submit to drug and/or steroid screening in a manner directed by the NYSAC. In addition, NYSAC reserves the right to direct any licensed combative sport professional to submit to drug and/or steroid screening at any time during the period of licensure without prior notice to the combative sport professional, in accordance with NY Unconsolidated Laws § 8925[3].**

II. **Use of controlled substances, as defined by the New York Penal Law and Public Health Law, are forbidden and may lead disciplinary action, including but not limited to: suspension, revocation, forfeiture of purse, modification of a bout result and/or fines. Such penalties may be imposed upon any licensee or permit holder responsible for the abuse of such drugs and/or illicit substances as determined by NYSAC.**

III. **If any prohibited drugs and/or substances are detected such combative sport professional may be precluded from competing within the State and have the results of any such previous bout modified to a "no contest."**

IV. **In addition to any administrative penalties, any combative sport professional testing positive for a violation of NYSAC's drug abuse and steroid policy shall be suspended medically and may not compete in this State or elsewhere until the combative sport professional has been medically cleared by NYSAC's medical staff.**

V. **The combative sport professional acknowledges and understands that NYSAC will vigorously enforce and seek appropriate sanctions for any violations of this policy.**

Applicant Affirmation – By my signature below I hereby subscribe and affirm under the penalties of perjury that I have reviewed the foregoing policy on prohibited drugs and/or illicit substances, that I agree to the terms described therein and that I am not currently using or otherwise under the influence of any prohibited drugs and/or illicit substances.

Applicant Print Name:_____

Applicant Signature:_____

Date:_____

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Medical Information Release

AUTHORIZATION TO DISTRIBUTE MEDICAL INFORMATION TO ALL MEMBER COMMISSIONS AFFILIATED WITH THE ASSOCIATION OF BOXING COMMISSIONS (ABC)

I hereby authorize the New York State Athletic Commission to release, disclose and furnish to any other commission or program affiliated with the Association of Boxing Commissions (ABC), including its official record keeper, any and all of my medical records obtained by the New York State Athletic Commission concerning my licensure as a combative sport professional including, but not limited to, annual physical examinations, ophthalmological examinations, neurological examinations, negative tests for the HIV virus, Hepatitis B virus, and Hepatitis C virus, drug testing, hospital records, and any other information regarding conditions related to the propriety of my licensure as a combative sport professional (including history, findings, diagnosis and prognosis).

I understand, and it is agreed, that the signing of this Medical Information Release is optional, and that my declining to sign this document will not result in any adverse action being taken against me by the New York State Athletic Commission or any of the member commissions affiliated with the ABC.

I understand, and it is agreed, that the medical records described herein will not be released for any purpose other than for the purpose of a member commission affiliated with the ABC determining my eligibility to participate in a combative sport.

I understand, and it is agreed, that this authorization shall remain in effect for a period of one year from the date it is signed, and is relevant to all medical records described herein whether such records were created prior to, or subsequent to, the date the authorization is signed.

APPLICANT PRINT NAME	**APPLICANT FEDERAL I.D. #**
APPLICANT SIGNATURE	**DATE SIGNED**

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Authorization for Release of Health Information Pursuant to HIPAA

Patient Name	Date of Birth	Social Security Number
Patient Address		Patient Telephone Number

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:
In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT,** except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that 1 have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (718) 741-8400 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:

8. Name and address of person(s) or category of person to whom this information will be sent:
New York State Athletic Commission, 123 William St., New York, NY 10038

9(a). Specific information to be released:
☐ Medical Record from (insert date) to (insert date)
Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
☐ Other:

Include: (Indicate by Initialing)
Alcohol/Drug Treatment
Mental Health Information
HIV-Related Information

Authorization to Discuss Health Information

(b) ☐ By initialing here _____ I authorize
Initials

Name of individual health care provider
to discuss my health information with my attorney, or a governmental agency, listed here:
New York State Athletic Commission
(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:	11. Date or event on which this authorization will expire:
At request of individual ☐ Other:	**One year from this date**
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:
N/A	**N/A**

All items on this form have been completed and my questions about this form have been answered in addition. I have been provided a copy of the form.

Date:
(Signature of patient or representative authorized by law)

*** Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.**