



**New York State
DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
123 William Street
New York, NY 10038-3804**

**Telephone: (212) 417-5700
www.dos.ny.gov/athletic**

Promoter Contest Request Form

NOTICE TO PROMOTER: The New York State Athletic Commission ("NYSAC") requires this form to be submitted for approval of a proposed professional boxing contest. This form must be completed and submitted via facsimile or email, unless otherwise specifically directed by NYSAC staff. Pursuant to NYSAC Bulletin (re: Contest Filings 2/22/11) no promoter shall be granted more than three (3) future contest dates at any one given time. A new form must be completed for every proposed date. Each question must be completely answered. Failure to answer all questions will result in the automatic denial of this request. Please fax this form to (212) 417-4987 or email to David.Berlin@dos.ny.gov.

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| 1. | Promoter submitting this request: | |
| | Name _____ | |
| | Street Address (P.O. Box #) _____ | City _____ State _____ Zip Code _____ |
| | Email address _____ | Telephone Number _____ |
| 2. | Co-promoters or Promoters in Association: _____ | |
| 3. | Are you currently licensed by NYSAC: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Expiration date of bond(s) and license number(s): | |
| | Expiration date _____ License number _____ | Expiration date _____ License number _____ |
| 5. | Date of proposed contest: _____ <small>(If the proposed date is more than 60 days from the date of request, a completed contest report must be submitted to NYSAC with Fax Fight reports at least 30 days before requested date.)</small> | |
| 6. | Rain/Alternate date (if applicable): _____ | |
| 7. | Proposed venue for contest: _____ <small>(If the proposed date is more than 60 days from the date of request, a contract with venue must be submitted to NYSAC at least 30 days before requested date.)</small> | |
| 8. | Proposed location for the weigh-in: _____ <small>(If left blank, weigh-in will be at NYSAC)</small> | |
| 9. | State the number of matches that are being proposed: _____ | |
| 10. | Are there boxer-promoter contracts available for this contest: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <small>(If yes, promoter must submit contracts with this request)</small> | |
| 11. | Is this request submitted for a title contest: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <small>(If yes, how many?) _____</small> | |
| 12. | Has NYSAC granted you other future dates: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <small>(If yes, promoter must provide other dates:) _____</small> | |
| Promoter Name | | |
| (or approved signatory): _____ <small>(Print Name)</small> | | |
| Signature: _____ <small>(Sign Name)</small> | | |

FOR COMMISSION USE ONLY

Commission approval: Granted Denied: Reason _____

Commission Representative: _____ Date: _____
(Signature)