



APPLICATION FOR PROFESSIONAL SECOND

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 second?

A professional boxing second is one who is knowledgeable in and assists a professional boxer in treatment of injuries, physical conditioning, health care, nutrition, training, first aid, effects of drugs and alcohol and the bandaging of a boxer's hand (19 NYCRR § 207.28).

How do I become a licensed professional second?

You must first schedule an appointment for a written exam by contacting (212) 417-5700 or take the exam on an open test date. Once you have passed your written exam you will be provided with instructions on how to complete the fingerprinting process. After you have taken your fingerprints you must submit the attached application to the Commission. Please do not return this application until you have passed the written exam.

If I am a licensed boxer, do I need to take the written examination when applying?

If you are a New York State licensed boxer, the Commission may waive the examination requirement. (See, 19 NYCRR § 207.28).

What is the fee and term for a professional second?

The fee for a professional second license is \$10.00 and is valid until September 30th of the year which the license is granted.

The fee for a professional second permit is \$20.00 and is valid only for one contest.

What forms of payment do you accept?

You may pay by check or money order made payable to the: "New York State Athletic Commission". **DO NOT SUBMIT CASH WITH YOUR APPLICATION.**

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 § 3-503). 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 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 § 207.7(a)(1). This information will be maintained in the Licensing Information System by the Commission, at 123 William Street, New York, NY 10038-3804.

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

Yes, to be a licensed professional second you must be fingerprinted (NY Unconsolidated Laws § 8911). Your application cannot be approved until your fingerprint results have been returned to the Commission.

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



**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

APPLICATION FOR PROFESSIONAL SECOND

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

Please check the appropriate box: **(ONLY ONE)**

I am applying for a license (License fee of \$10.00 is required; License is valid until September 30th of the year issued).

OR

I am applying for a permit (Permit fee of \$20.00 is required; Permit valid for only one contest) - If applying for a permit please indicate the date of the contest: ____/____/____.

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

CITY	STATE	ZIP + 4
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COUNTY	COUNTRY
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SOCIAL SECURITY NUMBER (See Privacy Notification)	DATE OF BIRTH (month, day, year) MM / DD / YYYY	DAYTIME PHONE (REQUIRED; if problem with application)
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E-MAIL ADDRESS (REQUIRED)

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 New York State Professional Second License or Permit? Yes No

→ IF "YES," check appropriate box and give date:

License Year(s) Issued: _____

Permit Year(s) Issued: _____

2) Have you been convicted of a crime or offense (not minor traffic violation), in this state or elsewhere or has any license, permit, commission, registration or application for a license, permit, commission or registration - not solely related to boxing - held by or submitted by you or a company in which you are or were a principal been revoked, suspended, or denied by any state, territory or governmental jurisdiction or foreign country for any reason? Yes No

→ IF "YES," provide an explanation

3) Are there any criminal charges (misdemeanor or felony) - not solely related to boxing - pending against you in any court in this state or elsewhere? If yes, you must submit a copy of the accusatory instrument (e.g. indictment, criminal information or complaint). Yes No

→ IF "YES," provide an explanation.

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," provide an explanation.

5) At which gym/facility do you currently train (or plan to train)? _____

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 **Part A Professional Boxing/Second 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.
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Part A Professional Boxing/Second 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 prior experience as a Second? Yes No

→ IF “YES,” please provide details of prior Seconds experience (including licensing information):

Part B - Applicants applying for a Second License need to complete Part B.

3. Provide three references with knowledge of your qualifications for a Second license:

Name:	Address:	Telephone Number:
I. _____	_____	() _____
II. _____	_____	() _____
III. _____	_____	() _____

2. State other qualifications for license (attach additional papers 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: _____