



# New York State Athletic Commission

New York State  
Department of State  
State Athletic Commission  
123 William Street  
New York, NY 10038-3804  
Telephone: (212) 417-5700  
Fax: (212) 417-4987  
www.dos.ny.gov/athletic

## PROFESSIONAL WRESTLING NOTIFICATION FORM

**NOTICE TO PROMOTER:** The New York State Athletic Commission (“NYSAC”) requires that all professional wrestling promoters submit this form at least 10 days prior to any professional wrestling event (General Business Law §1017(3), 19 NYCRR §213.10). Each question must be completely answered. Failure to answer all questions will result in the automatic rejection of this notification. Please fax this form to (212) 417-4987 or email it to [NYSAC@dos.ny.gov](mailto:NYSAC@dos.ny.gov) at least 10 days before the proposed date.

1. Name of promoter submitting this request: \_\_\_\_\_
2. Telephone number or email address of promoter: \_\_\_\_\_
3. Name of Official Promoter Representative at event: \_\_\_\_\_
4. Are you currently licensed by NYSAC:  Yes  No
5. Date of proposed event: \_\_\_\_\_
6. Address/Venue of proposed event: \_\_\_\_\_
7. Start time of proposed event and anticipated duration: \_\_\_\_\_  

start time
duration
8. Number of participants anticipated to perform: \_\_\_\_\_
9. Have you already retained a licensed New York physician for the event? \*  Yes  No  
*If yes, please provide the physician's name, address, and telephone:*  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_
10. Name, address and telephone number of entity supplying ambulance service: \*  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**\* Failure to retain a New York State licensed physician and ambulance service is a violation of Article 41 of the General Business Law and 19 NYCRR Part 213. No licensed professional wrestling activity may occur without a physician and ambulance present. Violations shall result in disciplinary action.**

Promoter Name (or approved signatory): \_\_\_\_\_  
(Print Name)

Promoter's (or approved signatory) Signature: \_\_\_\_\_  
(Sign Name)

### FOR COMMISSION USE ONLY

Commission approval:  Granted  Denied Reason: \_\_\_\_\_  
(Event Code No: \_\_\_\_\_)

Commission Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign)