



# 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  
www.dos.ny.gov/athletic

## 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: "NYS Athletic Commission". A \$20 fee will be charged for any check returned by your bank. **DO NOT SUBMIT CASH WITH YOUR APPLICATION.**

### 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.

### 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 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 Director of Licensing, at 123 William Street, New York, NY 10038-3804.

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



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**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			COUNTRY		
SOCIAL SECURITY NUMBER (See Privacy Notification)		DATE OF BIRTH (month, day, year) MM / DD / YYYY	DAYTIME PHONE (REQUIRED: if problem with application)		
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 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.

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## Child Support Statement —

By signing this application, 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.

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## 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 (attach additional documentation if necessary):

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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):

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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):

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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):

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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):

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continued on next page

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6. Have you completed a training seminar conducted by the Association of Boxing Commissions? **Yes**  **No**   
→ **IF “YES,”** please state date(s) of seminar(s) and provide certificate(s) of completion.

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7. Do you have 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):

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**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).**

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### 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:** \_\_\_\_\_