



# 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

## 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 combative sport 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 Eric.Bentley@dos.ny.gov (Boxing) or Kim.Sumbler@dos.ny.gov (MMA).

Select Contest Type (Check one only):

Boxing

Mixed Martial Arts

1. Promoter submitting this request:

Name \_\_\_\_\_  
Street Address (P.O. Box #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

2. Are you currently licensed by NYSAC?  Yes  No

Current NYSAC License #: \_\_\_\_\_ \$10,000 Bond Expiration: \_\_\_\_\_ \$20,000 Bond Expiration: \_\_\_\_\_

3.  Co-promoters or  Promoters in Association (Check one):

Name \_\_\_\_\_  
Current NYSAC License #: \_\_\_\_\_ \$10,000 Bond Expiration: \_\_\_\_\_ \$20,000 Bond Expiration: \_\_\_\_\_

Name \_\_\_\_\_  
Current NYSAC License #: \_\_\_\_\_ \$10,000 Bond Expiration: \_\_\_\_\_ \$20,000 Bond Expiration: \_\_\_\_\_

Name \_\_\_\_\_  
Current NYSAC License #: \_\_\_\_\_ \$10,000 Bond Expiration: \_\_\_\_\_ \$20,000 Bond Expiration: \_\_\_\_\_

Name \_\_\_\_\_  
Current NYSAC License #: \_\_\_\_\_ \$10,000 Bond Expiration: \_\_\_\_\_ \$20,000 Bond Expiration: \_\_\_\_\_

4. Date of proposed contest: \_\_\_\_\_

5. Rain/Alternative date (if applicable): \_\_\_\_\_

6. Proposed venue for contest: \_\_\_\_\_

7. Proposed location for the weigh-in: \_\_\_\_\_

(If left blank, weigh-in will be at NYSAC)

8. State the number of matches that are being proposed: \_\_\_\_\_

9. Is this request submitted for a title contest?  Yes  No (If yes, how many?) \_\_\_\_\_

10. Has NYSAC granted you other future dates?  Yes  No (If yes, promoter **must** provide other dates): \_\_\_\_\_

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

Signature: \_\_\_\_\_  
(Sign Name)

### FOR COMMISSION USE ONLY

Commission Approval:  Granted  Denied (Reason): \_\_\_\_\_

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