



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
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Request for Waiver of Amateur MMA Rules (58 Pa. Code §29.30)

Section 1. Must be completed and signed by amateur MMA fighter (applicant)

I, _____, am requesting a Waiver of the Amateur MMA Rules,
Name of Fighter and MMA ID#
which will allow me to strike to the head of my opponent when down and not be required to wear shin and instep pads during this bout.

Name of opponent also requesting waiver: _____

Date and location of bout: _____

I have previously applied for a Waiver on (date): _____

Applicant signature/MMA ID #

Date

Section 2. Must be completed and signed by the MMA fighter's current Trainer

I certify that _____ has, in my judgment, the necessary skills, training,
Name of Fighter and his MMA ID#
conditioning and experience to qualify for the Waiver of the Amateur MMA Rules, which will allow this fighter to strike to the head of his opponent when down and not be required to wear shin and instep pads during this bout.

➤ The above-named fighter has been training at my gym. YES / NO
Name and location of the gym: _____
Length of time training at this gym: _____

➤ I have witnessed the above-named fighter compete in Commission-sanctioned amateur MMA events and feel he is duly qualified for a waiver of the amateur rules. YES / NO
Win/loss amateur record of this fighter: _____
Date of last bout: _____
Result of last bout: _____

Do you hold any type of license with the PA State Athletic Commission or any other state/tribal Athletic Commission? If YES, list the type of license and state licensed: _____

Printed Name of Trainer

Signature

Date

* This form MUST be completed for EACH amateur MMA fighter who is applying for a Waiver of the Rules for EVERY bout in which a Waiver is requested.