



**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
STATE ATHLETIC COMMISSION  
2601NORTH 3<sup>rd</sup> Street  
HARRISBURG, PA 17110**

**Gregory P. Sirb  
Executive Director**

**Telephone: (717) 787-5720  
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**\*Amateur (MMA) experience Form (Must be completed by Boxer's Trainer/Manager)**

By signing this form below you are certifying that \_\_\_\_\_ has, in  
Name of Boxer  
your judgement, the necessary skills to qualify and be licensed as an **amateur (MMA) boxer in this state?**

You make this judgement based on the following: (circle all that apply)

\* The above named Boxer has been training at your gym  
If YES for how long \_\_\_\_\_

\* Name and location of the GYM where this Boxer has trained:

\_\_\_\_\_

\* You have witnessed the above named Boxer spar and train and feel he/she is duly qualified

\* You have first-hand knowledge of the above named Boxer's amateur experience  
If YES –list the win/loss record of this Boxer: \_\_\_\_\_

What, if any relationship do you have with the above named boxer?

\_\_\_\_\_

Do you hold any type of license with the Pennsylvania State Athletic Commission or any other state/tribal Commission? If YES please list the type of license and Commission's name:

\_\_\_\_\_

**Trainer's /Manager's Name** \_\_\_\_\_  
(Please Print)

**\* By signing below I also verify that the above named Boxer has NEVER competed in any professional contest in any form of contact sports.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\* This form MUST be completed for every amateur MMA Boxer who is competing for the first time in Pennsylvania. This form MUST be presented to the Commission before the event.**