



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
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Executive Director

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SUBJECT: Verification of Boxing Experience

FROM: Gregory P. Sirb, Executive Director
Pennsylvania State Athletic Commission

By signing this form below you are certifying that _____ has, in your
Name of Boxer
judgement, the necessary skills to qualify and be licensed as a **professional 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 the 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 boxing experience

If YES please list his/her over-all amateur boxing record: _____

And include his/her amateur boxing passbook.

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 the 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