



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

**Gregory P. Sirb
Executive Director**

**Telephone: (717) 787-5720
Fax: (717) 783-0824**

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 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 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 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