*Professional (MMA) experience Form (Must be completed by Boxer’s Trainer/Manager)*

By signing this form below you are certifying that _________________ has, in your judgement, the necessary skills to qualify and be licensed as a professional (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 professional MMA Boxer who is taking part in their first professional contest. This form MUST be presented to the Commission before the event.