



PA DEPARTMENT OF STATE  
STATE ATHLETIC COMMISSION  
2601 North 3<sup>rd</sup> Street  
Harrisburg, PA 17110  
Phone 717-787-5720  
Fax 717-783-0824

COMMONWEALTH OF  
PENNSYLVANIA

APPLICATION FOR

DATE \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

(STATE KIND OF LICENSE WANTED)

SCHEDULE OF FEES		READ INSTRUCTIONS CAREFULLY
Announcer.....\$20.00	Judge.....\$35.00	<b>Payment must be made by check or money order made payable to the Commonwealth of Pennsylvania.</b> Send to: State Athletic Commission 2601 North 3 <sup>rd</sup> Street Harrisburg, PA 17110
Referee.....35.00	Manager.....60.00	
Second.....20.00	Matchmaker.....50.00	
Timekeeper.....25.00	Physician.....40.00	
Trainer.....20.00		

**EACH APPLICANT SHOULD ANSWER THE FOLLOWING**

**PLEASE PRINT CLEARLY**

SOCIAL SECURITY NO. \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
(LAST) (FIRST) (PHONE NO.)

Address \_\_\_\_\_  
(NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)

Email Address \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Have you ever been arrested for violating the laws of Pennsylvania or any other State? \_\_\_\_\_

If YES, state where and give details \_\_\_\_\_

Have you been licensed before by this Commission? Yes \_\_\_ No \_\_\_ If YES, when? \_\_\_\_\_

Are you licensed by any other Commission? Yes \_\_\_ No \_\_\_ If YES, which Commission? \_\_\_\_\_

Have you ever been penalized by any Athletic Commission? Yes \_\_\_ No \_\_\_

If YES, state where and give circumstances \_\_\_\_\_

Have you any financial interest in the promotion of professional or amateur sports or any pro/amateur boxer in this or any other state? Yes \_\_\_ No \_\_\_

If YES, give details \_\_\_\_\_

Applicants for license as manager or physician should answer questions under proper heading on page 2.

**ALL APPLICANTS MUST SIGN PAGE 2**

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**MANAGER**

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How long have you managed boxers? \_\_\_\_\_

Has anyone a financial interest in your earnings? \_\_\_\_ Yes \_\_\_\_ No

If yes, give details \_\_\_\_\_

Give name, address and weight class of Boxers under your managerial control:

**NAME**

**CITY, STATE**

**WEIGHT CLASS**

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**PHYSICIAN**

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Graduate of \_\_\_\_\_ Medical School Year \_\_\_\_\_

Number of Years in active practice \_\_\_\_\_ Have you treated sports injuries? \_\_\_\_\_

Are you currently licensed to practice medicine in Pennsylvania? \_\_\_\_ Yes \_\_\_\_ No

Pennsylvania Physician's License # \_\_\_\_\_

The undersigned hereby affirms that the statements made herein are true and correct to the best of my information, knowledge and belief. And are made subject to the penalties prescribed for perjury set forth in 18 PA Consolidated Statutes, section 4904, relating to unsworn falsification to authorities.

By: \_\_\_\_\_

**APPLICANT'S SIGNATURE**