THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE
STATE ATHLETIC COMMISSION
1000 WASHINGTON STREET, SUITE 710
BOSTON, MA 02118

Application Instructions for Professional Fighter's License

To be licensed as a professional unarmed combatant/fighter, you must submit the following to this office.

- ☐ Completed Application
- ☐ $25 Non-refundable Application Fee made payable to the Commonwealth of Massachusetts (A Fighter's License is Valid for One Day Only)
- ☐ $10.00 Federal ID fee made payable to the Commonwealth of Massachusetts, if applicable
- ☐ Non-Massachusetts Residents Only: One Passport Photo (2" x 2") of Applicant
- ☐ Copy of a Government Issued Photo Identification (e.g. Driver's License/Passport)
- ☐ Medical Information

  * Physical examination to determine whether the unarmed combatant is physically fit to compete performed by a licensed physician within 1 year of the event
  * An electrocardiogram (EKG) within 1 year of the event for which a first license is sought, then within 5 years thereafter
  * Blood test results for HIV, Hepatitis BsAG and Hepatitis Cab
  * A dilated eye exam by an optometrist or ophthalmologist within 1 year of the event
  * A brain CT or brain MRI within 5 years of the event
  * No earlier than 1 day prior to the event, all female fighters must provide satisfactory proof to a Commission approved physician that they are not pregnant

NOTE: The record of each test/examination must include an acknowledgement from the examining physician that the applicant is "physically fit to compete" or "cleared to fight."

MEDICAL RECORDS FROM OTHER STATES/JURISDICTIONS

The Massachusetts State Athletic Commission (MSAC) accepts records of medical examinations from other states/jurisdictions as long as they comply with MSAC regulations. MSAC will also share your medical information with other states/jurisdictions as long as you complete a written authorization granting MSAC permission to release your medical information.

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APPLICATION FOR PROFESSIONAL FIGHTER'S LICENSE

Please check sport which you are seeking Licensure:

☐ **BOXING** ☐ **MMA** ☐ **MUAY THAI (SOUTHEAST ASIAN KICKBOXING)**

NON-REFUNDABLE APPLICATION FEE: $25 (CHECK OR MONEY ORDER ONLY)

APPLICANT INFORMATION

NAME _____
First Middle Initial Last

ADDRESS _____
Street City State Zip

DAYTIME TELEPHONE # (_____)_____ SOCIAL SECURITY #_____

FOREIGN NATIONALS ONLY: PASSPORT # _____

DATE OF BIRTH _____/_____/_____ PLACE OF BIRTH _____

E-MAIL ADDRESS _____ OCCUPATION _____

COMBAT INFORMATION

HEIGHT _____ PRESENT WEIGHT _____

WHAT WAS YOUR AMATEUR RECORD? WINS _____ LOSSES_____ DRAWS_____

WHAT IS YOUR PROFESSIONAL RECORD? WINS _____ LOSSES_____ DRAWS_____

ARE YOU CURRENTLY LICENSED BY ANY OTHER ATHLETIC COMMISSION? _____

IF YES, WHERE?_____

HAVE YOU EVER BEEN SUSPENDED/DISCIPLINED BY ANY OTHER ATHLETIC COMMISSION?_____

IF YES, PLEASE EXPLAIN. _____

_____

DO YOU PRESENTLY SUFFER FROM ANY KNOWN MEDICAL CONDITION THAT WOULD MAKE IT UNSAFE FOR YOU TO ENGAGE IN AN UNARMED COMBATIVE SPORTING EVENT? _____

IF YES, PLEASE EXPLAIN._____

HAVE YOU EVER BEEN HOSPITALIZED DUE TO AN UNARMED COMBAT RELATED INJURY?_____

IF YES, PLEASE EXPLAIN._____

_____

HAVE YOU EVER BEEN CONVICTED OF A CRIME BY ANY STATE OR JURISDICTION?_____

IF YES, PLEASE EXPLAIN._____

_____

EXPLAIN YOUR CURRENT TRAINING REGIMEN._____

_____

_____

AUTHORIZATION FOR RELEASE OF RMV INFORMATION – FOR MA RESIDENTS ONLY

My signature below authorizes the State Athletic Commission to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.

_____ _____

MA- RMV photo release signature Date

FIGHTER ATTESTATION

I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge. Further, I certify that I have filed all required tax returns and paid all state taxes as required by law.

_____ _____

Signature of applicant Date

FOR COMMISSION USE ONLY

DATE OF COMMISSION REVIEW: _____ APPROVED _____ DENIED _____

REASON FOR DENIAL: _____

VOLUNTARY AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I _____ hereby authorize the Massachusetts State Athletic Commission (MSAC) to release/disclose/share my medical and personal information with respect to my status and licensure as an unarmed combatant to other state or tribal athletic commissions. This information, which is required pursuant to *523* CMR 6.02, includes but is not limited to my physical examinations/reports, blood test results (HIV, Hepatitis B/C), MRI/CT scans and ophthalmological examinations/reports. I understand that information used or disclosed pursuant to this authorization could be subject to re-disclosure by the recipient, and if so, may not be subject to federal or state law protecting its confidentiality.

This authorization shall remain in effect for five years from the date it is signed. I understand that I may cancel/revoke this authorization at any time by sending written notification to MSAC. The cancellation/revocation will not apply to any information already released while the authorization was in effect.

This authorization is intended to satisfy the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Massachusetts Fair Information Practices Act (FIPA) pursuant to M.G.L c. 66A and any other applicable statutes and regulations.

I hereby release MSAC from any and all claims and liabilities that may arise out of the disclosure of my medical and personal information pursuant to this authorization.

I understand that this authorization is voluntary. My eligibility to participate in unarmed combat will not be affected by my refusal to sign this authorization.

_____

Printed Name of Applicant

_____

Signature of Applicant

_____

Date