



State of Tennessee
TENNESSEE ATHLETIC COMMISSION
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243

APPLICATION FOR PARTICIPANT

Type or print legibly

I am applying for the following discipline: (Check one)

MMA Boxing Kickboxing

I am applying for the following license: (Check one)

Manager (\$100) Second (\$25) Matchmaker (\$100)

Please include with this application:

Fee (\$50 application fee and the licensing fee listed for each checked box above)

2 Photographs

Full Name _____
Last First Middle

Professional/ ring name(s) if different from above _____

Mailing Address _____

City _____ State/Zip _____

County _____ Phone No. _____

E-Mail Address _____

Date of Birth _____ City/State _____

Citizen of (State/Foreign Country) _____

Did you have an unexpired license with the former Tennessee Boxing Commission? Yes No

If "yes," please provide license number and expiration date below.

Have you ever had a boxing, mma, or kickboxing related license refused, suspended or revoked? Yes No

If "yes," please provide a full explanation.

List any states or localities in which you hold or have held a license of the type for which you are applying and how many years you have had that license.

(For Matchmakers and Managers) Have you ever been convicted of a felony or misdemeanor? Yes No

If "yes," please provide a full explanation of the charges as well as the final disposition.

I hereby affirm that the statements made in this application are true and accurate to the best of my knowledge. I understand that any misrepresentation or failure to answer shall constitute grounds for license revocation and/ or other applicable legal penalties.

Applicant's Signature

Date