STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

CALIFORNIA STATE ATHLETIC COMMISSION
2005 Evergreen Street, Suite 2010 | Sacramento, California 95815
Phone: (916) 263-2195 Fax: (916) 263-2197
Website: www.dca.ca.gov/csac Email:CSAC@dca.ca.gov

APPLICATION FOR LICENSE
REFEREE/JUDGE/TIMEKEEPER

☐ **BOXING** ☐ **MIXED MARTIAL ARTS** ☐ **KICKBOXING**

☐ **ORIGINAL** ☐ **RENEWAL**

You must submit all the items listed below before your application is processed.
Your application will be considered "Pending" if any information is not completed.

TYPE OF LICENSE- Please check appropriate box:

☐ **Referee- $150 licensing fee, physical examination, and two (2) passport sized photograph (2"x 2")*Note: emailed electronic photo preferred.***

☐ **Judge- $150 licensing fee, two (2) passport sized photograph (2"x 2")**
Note: emailed electronic photo preferred.

☐ **Timekeeper- $50 licensing fee, two (2) passport sized photograph (2"x 2")**
Note: emailed electronic photo preferred.

OFFICE USE ONLY

Received By: _____

Date Application Received: _____
Date License Approved: _____
License # and Exp Date: _____

Amount Rec'd: _____ Method of Payment: _____
Receipt #: _____ Receipt given by: _____

Section 1. Please print the following information:

Last Name **First Name** **Middle Name**

Social Security Number (SSN) or Individual Tax Identification Number (ITIN):

Address:

Street (No PO Box) **City** **State** **Zip Code** **Country**

Telephone number: **Email:**

☐ **Male / Female** ☐ **(check one)**

Date of Birth: (MM / DD / YYYY):

Height: _____Ft. _____In.

Weight: _____ pounds

Section 2. Please print the following information:

Do you have a financial interest in any club/promoter, corporation, organization, or association conducting boxing, martial arts, or exhibitions?☐YES ☐NO If yes, please list name(s): _____

Do you have a financial interest in any boxer or martial arts fighter?☐YES ☐NO If yes, please give name(s) and explain:
_____
_____

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Section 3. Please print the following information:

If you are now or have ever been licensed by the California State Athletic Commission, another athletic commission, or any similargovernmental authority, provide the following information for each license, listing the most recent first:

TYPE OF LICENSE	LICENSE YEAR	STATE/OTHER COMMISSION/ GOVERNMENTAL AUTHORITY

Has your license ever been suspended, revoked or fined by the CaliforniaState Athletic Commission, another athletic commission or any similar governmental authority? ☐YES ☐NO If YES, provide the following information:

TYPE OF LICENSE	ACTION TAKEN	REASON FOR ACTION	DATE OF ACTION

Are there charges pending against you by the CaliforniaState Athletic Commission, another athletic commission or any similar governmental authority? ☐YES ☐NO If YES, provide the following information:

OFFENSE	DATE OF OFFENSE	GOVERNMENTAL AUTHORITY	HEARING DATE

Have you ever been convicted of any offense other than minor traffic violation? ☐YES ☐NO If yes, please provide the following information:

NOTE:You must include all misdemeanors and felonies, even if adjudication was withheld, or the conviction was discharged, set aside, or expunged.

OFFENSE	DATE OF CONVICTION	CITY, STATE, COUNTRY	SENTENCE

Are there any charges pending against you by any law enforcement agency? ☐YES ☐NO If YES, provide the following information:

OFFENSE	DATE OF OFFENSE	CITY, STATE, COUNTRY	HEARING OR TRIAL DATE

Section 4.Please print the following information:

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____
Address _____ Phone Number _____
City_____State _____ Zip Code _____ Country _____

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ALERT-Potential License Denial or Suspension for Failure to Pay Taxes

Effective July 1, 2012, the Department of Consumer Affairs and its constituent entities are required to deny an application for licensure and to suspend the license/certificate/registration of any applicant or licensee who has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over $100,000. (AB 1424, Perea, Chapter 455, Statutes of 2011)

Once it has been determined that an applicant or a licensee is on a certified list, the applicant or licensee has 90 days from the issuance of a preliminary notice of suspension to either satisfy all outstanding tax obligations or enter into a payment installment program with the FTB or BOE. Any such person who fails to come into compliance will have his/her license denied or suspended until the Board, Bureau, Commission or Committee they have applied to receives a release from the FTB or BOE. The form for requesting a release will be included with the preliminary notice of suspension.

The law prohibits any of DCA's Boards, Bureaus, Commission or Committees from refunding any money paid for the issuance or renewal of a license where the license is denied or suspended as required by AB 1424.

The FTB and BOE are currently expanding the certified lists from 250 to 500, but you can check if you are currently on the FTB's certified list at: www.ftb.ca.gov/individuals/txdlnqnt.shtml or the BOE's certified list at: www.boe.ca.gov/cgi-bin/deliq.cgi. If you believe you are on either list in error, please call the FTB at (866) 418-3702 or the BOE at 916-445-5167.

AUTHORIZATION TO RELEASE INFORMATION

Authority to provide the California State Athletic Commission with this information is established pursuant toSections 18640, 18642 and 18643 of the Business and Professions Code. Disclosure of your social securitynumber is mandatory pursuant to Section 30 of the Business and Professions Code and Pub. L.94-455 (42 USCA 405(c)(2)(C)) authorizes collection of your social security number. Your social security number will be used exclusivelyfor tax enforcement purposes, and for purposes of compliance with any judgment or order for family support inaccordance with Section 17520 of the Family Code. The social security number is also used to report and creditboxer pension fund payments in implementing Sections 18880, 18881, 18882, 18883, 18884, 18887, and 18888of the Business and Professions Code. If you fail to disclose your social security number your application for initialor renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assessa $100 penalty against you.

All items in this application are mandatory; none are voluntary. Failure to provide any of the requested informationwill result in the application being rejected as incomplete. The information provided will be used to determinequalification for licensure. Information on your application and physical examination report may be released to lawenforcement agencies. Applicants have the right to review their application subject to the provisions of theInformation Practices Act. The Executive Officer is the custodian of records.

REFEREE AND JUDGES DISCLOSURE REQUIREMENT

The purpose of this disclosure to notify the applicant of Sec. 14 of The Muhammad Ali Act as stated below:
"A judge or referee shall not be entitled to receive any compensation, directly or indirectly, in connection with a boxing match until it provides to the boxing commission responsible for regulating the match in a State a statement of all consideration, including reimbursement for expenses, that will be received from any source for participation in the match."

By signing this application you agree to disclose any and all reimbursement received, from sources outside the California State Athletic Commission, for participation in a match on a separate form.

****Regarding Your Phone Number****

The California State Athletic Commission routinely releases telephone numbers to commission licensees for contact purposes. If you do not want your phone number released, check this box: ☐ **– do not release my telephone number.**

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APPLICANT DECLARATION

I declare under penalty of perjury under the laws of the State of California, that I have read the foregoing application for license and that all the answers given are my own. I further declare that all the answers are true. I understand that any misstatement of material fact in this application will constitute grounds for denying or revoking the license.

Applicant's signature: _____ Date: _____

Authorization to Use and Disclose Protected Health Information

The California State Athletic Commission is a public health authority, as defined in 45 CFR 164.501, exempt from HIPAA, and is authorized by California Business and Professions Code Sections 18600 et seq. to collection information about the applicant's mental and physical health.I hereby authorize my personal physicians and other healthcare providers and all hospitals or similar institutions or organizations to furnish to the California State Athletic Commission or its successors copies of all my medical records, hospital records, records of treatment for drug and/or alcohol abuse or dependency, or other information requested by that Commission in connection with this application or any further or future investigation by that Commission necessary to determine my fitness for licensure.

I further authorize the Commission or its successors to release any medical or other personal information with respect to my application or licensure to the organizations, individuals or groups listed above as well as additional parties with a vested interest in my current license status with the Commission, including but not limited to my current Manager, a Commission licensed Promoter of an event that I am participating in and to other regulatory bodies. The Commission will release this information only to those individuals, athletic commissions, or similar regulatory bodies that have a need to know, as determined by the Commission. This disclosure of records is required for official use, including investigation of my fitness for licensure by the Commission. I understand that the recipient of my information is not a health plan or health care provider and the released information may no longer be protected by federal privacy regulations.

I understand that I have a right to receive a copy of this authorization if I request it. I may inspect or obtain a copy of the protected health information that I am being asked to disclose.

I understand that I have a right to revoke this authorization by sending written notification to the California State Athletic Commission, 2005 Evergreen Street, Suite 2010, Sacramento, California 95815. I understand that if I revoke this authorization, I may not be allowed to continue in the licensure process, or, if I am licensed, my license may be adversely affected.

This authorization shall remain valid for one year from the date a license is issued to me. A copy of this authorization shall be as valid as the original.

_____
Name of Applicant

_____ _____
Signature of Applicant **Date**