



## APPLICATION FOR PROFESSIONAL ATHLETE MIXED MARTIAL ARTS

**You must submit all the items listed below before your application is processed.**

**Your application will be considered "Pending" if provided information is either incomplete or not provided.**

- \$60 Application Fee.
- Two (2) passport sized photograph (2"x 2")
- Note: emailed electronic photo preferred.*
- Physical Examination Report by licensed physician.
- Eye Examination by licensed Ophthalmologist or Optometrist.
- Neurological Examination Report (by licensed physician specializing in neurology and/or neurosurgery).
- MRI Diagnostic Report
- MRI Summary Report
- EKG Examination\*
- Cardiovascular History form\*
- Negative HIV, HCV Antibody (Hepatitis C), and HBV Surface Antigen (Hepatitis B) test results must be submitted on the letterhead of a CLEA certified laboratory in the United States.
- C3 Logix Neurological Test (as ordered by a Commission physician)
- \*Baseline examinations. Only when ordered.*

OFFICE USE ONLY
Received By: _____
Date Application Received: _____
Application <input type="checkbox"/> Complete <input type="checkbox"/> Not Complete/Date: _____
Date License Approved: _____
License # and Exp. Date: _____
Federal ID/National # _____ Exp. Date: _____
Amount Rec'd: _____ Method of Payment: _____
Receipt #: _____ Receipt given by: _____

<b>Section 1. Please print the following information:</b>			<b>Social Security Number (SSN) or Individual Tax Identification Number (ITIN):</b>	
Last Name	First Name	Middle Name		
<b>Address:</b>				
Street (No PO Box)	City	State	Zip Code	Country
Telephone number:		Email:		
<b>Male / Female</b>  (check one)	Date of Birth: (MM / DD / YYYY):	Height:  _____ Ft. _____ In.		Weight:  _____ pounds

**Please Specify the LOWEST Weight Class you INTEND to compete in:**

**MALES**

- |  |  |
|--|--|
| <input type="checkbox"/> Flyweight: through 125 lbs.<br><input type="checkbox"/> Bantamweight: 125.1-135 lbs.<br><input type="checkbox"/> Featherweight: 135.1-145 lbs.<br><input type="checkbox"/> Lightweight: 145.1-155 lbs.<br><input type="checkbox"/> Welterweight: 155.1-170 lbs. | <input type="checkbox"/> Middleweight: 170.1-185 lbs.<br><input type="checkbox"/> Light Heavyweight: 185.1-205 lbs.<br><input type="checkbox"/> Heavyweight: 205.1-265 lbs.<br><input type="checkbox"/> Super Heavyweight: 265.1 lbs.+ |
|--|--|

**FEMALES**

- Atomweight: 96-105 lbs.
- Strawweight: 105.1-115 lbs.
- Flyweight: 115.1-125 lbs.
- Bantamweight: 125.1-135 lbs.
- Featherweight: 135.1-145 lbs.

*Note: The Commission permits athletes to move up in weight class at the athlete's discretion. However, an athlete may not move down in weight class without prior Commission approval.*

APPLICATION FOR PROFESSIONAL ATHLETE – MMA

APPLICANT NAME: \_\_\_\_\_

Section 2. Please answer the following questions:

1. Have you ever used any other name(s)?  YES  NO If yes, list name(s): \_\_\_\_\_

2. Have you ever been disqualified in any competition?  YES  NO If yes, please explain: \_\_\_\_\_

3. Has your license ever been denied, suspended or revoked in any state or country for medical reasons (OTHER THAN HIV, HBV, ORHCV)?  YES  NO If yes, please explain: \_\_\_\_\_

4. Have you ever missed your contracted weight for a professional fight?  YES  NO If yes, when and by what amount was the weight missed by? \_\_\_\_\_

5. Have you ever been hospitalized for weight cutting or dehydrations issues?  YES  NO

6. What is the maximum amount of weight you have cut for a bout (in pounds)? \_\_\_\_\_

Section 3. Please print the following information:

Professional martial arts record:

Mixed Martial Arts

Wins: \_\_\_\_\_ Wins by KO/TKO/Submissions: \_\_\_\_\_ Losses: \_\_\_\_\_ Losses by KO/TKO/Submissions: \_\_\_\_\_

Amateur martial arts record:

Mixed Martial Arts

Wins: \_\_\_\_\_ Wins by KO/TKO/Submissions: \_\_\_\_\_ Losses: \_\_\_\_\_ Losses by KO/TKO/Submissions: \_\_\_\_\_

Section 4. 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 similar governmental 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 California State 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 California State 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICATION FOR PROFESSIONAL ATHLETE – MMA

APPLICANT NAME: \_\_\_\_\_

Have you been convicted of a crime in the past 10 years? YES NO If YES, provide the following information:

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
_____	_____	_____	_____
_____	_____	_____	_____

\*Add additional sheets if necessary

Section 5. Please print the Following Information:

EMERGENCY CONTACT INFORMATION:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**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](http://www.ftb.ca.gov/individuals/txdlnqnt.shtml) or the BOE's certified list at: [www.boe.ca.gov/cgi-bin/deliq.cgi](http://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 to Sections 18640, 18642 and 18643 of the Business and Professions Code. Disclosure of your social security number 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 exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. The social security number is also used to report and credit boxer pension fund payments in implementing Sections 18880, 18881, 18882, 18883, 18884, 18887, and 18888 of the Business and Professions Code. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

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

**APPLICATION FOR PROFESSIONAL ATHLETE – MMA**

**APPLICANT NAME:** \_\_\_\_\_

**APPLICANT DECLARATION**

I declare under penalty of perjury under the laws of the State of California, that I have read the foregoing application for a professional athlete's license and that all the answers given are my own. I further declare that all the answers are true AND THAT THE HIV/HBV/HCV TEST REPORT REPRESENTS MY HIV/HBV/HCV TEST RESULTS. 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**