



**New Mexico Regulation and Licensing Department**

BOARDS AND COMMISSIONS DIVISION

New Mexico Athletic Commission

Toney Anaya Building ▪ P.O. Box 25101 ▪ Santa Fe, New Mexico 87504  
 (505) 476-4622 ▪ Fax (505) 476-4665 ▪ [www.RLD.state.nm.us](http://www.RLD.state.nm.us)

**APPLICATION FOR NEW MEXICO ATHLETIC COMMISSION LICENSURE**

Attach a Passport Quality Photo Here

I am applying for (check one):

Professional Mixed Martial Arts License, Fee **\$25.00**

Please Write Name on Back of Photo

**\*\*ALL FEES ARE NON-REFUNDABLE. \*\***

**\*\*ALL LICENSING INFORMATION IS PUBLIC INFORMATION\*\***

PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
NAME AS YOU WOULD LIKE IT TO APPEAR ON OFFICIAL LICENSE OR CERTIFICATE			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
PERSONAL PHONE		BUSINESS PHONE	
EMAIL		<input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS	
DATE OF BIRTH	PLACE OF BIRTH	INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER	
<b>Please answer the following questions. If you answer "yes" to question 1 or 2, provide an explanation; (Please provide explanation on separate paper) Please check off Yes or No</b>			
		Yes	No
1. Have you ever had a license revoked or suspended by an Athletic Commission in any jurisdiction? If yes, explain:		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted of a felony? If yes, provide date of conviction, name of offense, and jurisdiction for each felony:		<input type="checkbox"/>	<input type="checkbox"/>
3. Have you read and understood the New Mexico Athletic Competition Act and the Rules adopted by the New Mexico Athletic Commission?		<input type="checkbox"/>	<input type="checkbox"/>
BCD USE ONLY:			
RECEIVED ON:	PROCESSED BY:		RECEIPT NO:
AMOUNT:	CHECK/MO #		