



APPLICATION FOR NEW MEXICO ATHLETIC COMMISSION LICENSURE

- | | |
|--|---|
| <input type="checkbox"/> Amateur MMA License, Fee \$25.00 | <input type="checkbox"/> Professional Wrestler, Fee \$35.00 |
| <input type="checkbox"/> Professional MMA License, Fee \$25.00 | <input type="checkbox"/> Announcer, Fee \$25.00 |
| <input type="checkbox"/> Professional Boxing License, Fee \$25.00 | <input type="checkbox"/> Judge Trainee, Fee \$10.00 |
| <input type="checkbox"/> Manager, Fee \$25.00 | <input type="checkbox"/> Boxing Judge, Fee \$25.00 |
| <input type="checkbox"/> Second, Fee \$25.00 | <input type="checkbox"/> Mixed Martial Arts Judge, Fee \$25.00 |
| <input type="checkbox"/> Trainer, Fee \$25.00 | <input type="checkbox"/> Boxing Referee, Fee \$25.00 |
| <input type="checkbox"/> Matchmaker \$35.00 | <input type="checkbox"/> Mixed Martial Arts Referee, Fee \$25.00 |

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

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

PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS			
EMAIL			
CITY	STATE	ZIP CODE	
SOCIAL SECURITY NUMBER/ ITIN *Mandatory		DATE OF BIRTH	
PERSONAL PHONE		BUSINESS PHONE	
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			
		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"/>
4. Are you currently more than thirty days in arrears in payment of amounts required to be paid pursuant to an outstanding judgement and order for child support in New Mexico or any other state?		<input type="checkbox"/>	<input type="checkbox"/>
BCD USE ONLY:			
RECEIVED ON: AMOUNT:	PROCESSED BY: CHECK/MO #		RECEIPT NO:

Signature

Date

