



State of New Jersey

OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
STATE ATHLETIC CONTROL BOARD
P.O. BOX 180
TRENTON, NJ 08625-0180

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

JEFFREY S. CHIESA
Attorney General

TONY ORLANDO
Chairman

STEVEN KATZ
LEN HEDINGER
Members

AARON M. DAVIS
Commissioner

TO: PROFESSIONAL BOXING/KICKBOXING/MIXED MARTIAL ARTS PRO & AMATEUR
INSPECTORS **LICENSE PERIOD (INITIAL/RENEWAL): July 1 - June 30**

FROM: Aaron M. Davis
Commissioner

RE: New Jersey Boxing/Kickboxing/Professional & Amateur Mixed Martial Arts Inspector Employee
License Application

**Enclosed are the annual requirements for license as a Boxing/Kickboxing/Professional & Amateur
Mixed Martial Arts Announcer Employees:**

You must submit the following to this office:

1. Completed License Application Forms
2. Completed Official's Disclosure Form

AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU, DELAYING ISSUE OF YOUR LICENSE
AND FUTURE SHOW ASSIGNMENTS.

LICENSEES ARE REMINDED - You are subject to the requirements of State Athletic Control Board Rules,
provided by Chapter 46 of New Jersey's Administrative Code.

If there are any questions regarding your application, please contact this office at (609)292-0317.

AMD/tg
enclosures
02.2012

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TELEPHONE: (609) 292-0317 FAX: (609) 292-3756
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January 2010

Dear Applicant:

Please be advised that new procedures for obtaining a SACB license are being implemented. Please note and adhere to the directions below.

All application packets must be completed in full and received by New Jersey State Athletic Control Board office no later than 4:00 p.m. two days prior to the event. Application packets will consist of:

- an application
- a digital photo ID (driver's license or passport) e-mailed via jpeg or bitmap format (cannot be faxed)
- a signature in bold pen spanning the width of an 8.5 x 11 sheet of paper
- a digital "head shot" photo (cannot be faxed) and if e-mailed jpeg or bitmap format
- a check or money order covering all fees (made payable to N.J.S.A.C.B.)

Application packets can be submitted by e-mail (SACBLicensing@lps.state.nj.us), US mail, or in person at the Trenton office.

No license will be issued until all requirements are met.

Sincerely,

Aaron M. Davis
Commissioner
SACB

AMD/tg

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SECTION I - All Applicants Complete Check (✓) or circle Type/s of License

Last Name:	CONTESTANT	MANAGER	SECOND	ANNOUNCER <input type="checkbox"/> \$25
	Boxer <input type="checkbox"/> \$5	Boxing <input type="checkbox"/> \$25	Boxing <input type="checkbox"/> \$25	TIMEKEEPER <input type="checkbox"/> \$25
First Name:	Kickboxer <input type="checkbox"/> \$5	Kickboxer <input type="checkbox"/> \$25	Kickboxer <input type="checkbox"/> \$25	INSPECTOR <input type="checkbox"/> \$0
	MMA <input type="checkbox"/> \$5	MMA <input type="checkbox"/> \$25	MMA <input type="checkbox"/> \$25	PHYSICIAN <input type="checkbox"/> \$0
	REFEREE	JUDGE	PROMOTER	MATCHMAKER
Middle Name:	Boxing <input type="checkbox"/> \$75	Boxing <input type="checkbox"/> \$75	Boxing <input type="checkbox"/> \$300	Boxing <input type="checkbox"/> \$100
	Kickboxing <input type="checkbox"/> \$75	Kickboxing <input type="checkbox"/> \$75	Kickboxing <input type="checkbox"/> \$300	Kickboxing <input type="checkbox"/> \$100
	MMA <input type="checkbox"/> \$75	MMA <input type="checkbox"/> \$75	MMA <input type="checkbox"/> \$300	MMA <input type="checkbox"/> \$100
	Amateur MMA <input type="checkbox"/> \$75	Amateur MMA <input type="checkbox"/> \$75	Amateur MMA <input type="checkbox"/> \$300	Amateur MMA <input type="checkbox"/> \$100
AKA or Alias:				

Address:	City:	State:	Zip:	Country:
Mailing Address:	City:	State:	Zip:	Country:

Date of Birth: ____/____/____	Sex: Male Female	Have you ever been convicted of a crime? If yes, explain: YES NO
Social Security No. ____/____/____	Height _____ Weight _____	Are you presently on any suspension list? If yes, please explain: YES NO
Citizenship:	Place of Birth (City/State):	Have you ever been disqualified in any contest or disciplined for your actions during a contest? If yes, please explain: YES NO
E-Mail:		Has any license you've held been revoked? YES NO If yes, please explain:
Telephone:(Residence) ()	Telephone:(Business) ()	List all other Athletic Commissions in which you are licensed:
Telephone: (Cell) ()	Fax: ()	NJSACB Office Use

Section II - Boxer's, Kickboxer's & Mixed Martial Artist Only - Please Print

Have you ever been hospitalized due to an injury suffered in any contest? If YES, please explain YES NO	Do you have any current medical conditions? YES NO If YES, please explain.
Have you had amateur experience? YES NO Amateur Record: _____ Number of Fights: _____	
Submission Grappling Record: _____ Name of Gym or Club where you trained: _____	
Do you have a Manager and/or Trainer ? YES NO If yes, provide name	
Manager Name: _____ Address: _____ Contact # _____	
Trainer Name: _____ Address: _____ Contact# _____	

SECTION II (continued) **Fighters Only Communicable Bodily Fluid Virus High-Risk Questionnaire****

1. Do you have any immediate family members who have HIV, Hepatitis B or C? **YES NO** If yes, please provide detail.

2. Have you received a transfusion of blood or blood components? **YES NO** If yes, specify date, location, reason

3. Have you had surgery requiring blood products? **YES NO** If yes, specify date, location, reason

4. Have you used injectable drugs? **YES NO** If yes, specify date of most recent injection _____
5. Have you been sexually active with an individual who has HIV, Hepatitis B or C? **YES NO** If Yes, please provide most recent date of such activity: _____
6. Have you engaged in unprotected sex? **YES NO** If Yes, please provide most recent date of such activity _____
7. Have you had sex with a injectable user? **YES NO** If Yes, please provide most recent date of such activity _____
8. Have you worked in a health care or laboratory setting? **YES NO** If Yes, please provide appropriate dates: _____
9. Have you been imprisoned or worked in a prison or any type of correctional facility: **YES NO** If Yes provide appropriate dates: _____
10. Do you have any tattoos or body piercing? **YES NO** If Yes, when was most recent one obtained _____
11. Do you have any reason to believe that you may have contracted HIV or Hepatitis B or C at anytime? **YES NO**
If Yes, explain: _____

SECTION III (Manger's and Second's Only) Please Print

List names of fighter/s which you currently manage or second:

Do you know of any medical conditions the above fighter(s) currently have? **Yes No** If YES, please explain:

SECTION IV - ALL APPLICANTS MUST COMPLETE THIS SECTION - New Jersey Child Support Certification Process

Please certify, under penalty of perjury, the following:

Yes	No	1) Do you currently have a child support obligation?
Yes	No	1a) If YES, are you in arrears in payment of said obligation?
Yes	No	1b) If "YES", does the arrearage match or exceed the total amount payable for the past six months
Yes	No	2) Have you failed to provide any court ordered health insurance coverage during the past six months
Yes	No	3) Have you failed to respond to a subpoena relating to either paternity or child-support proceeding?
Yes	No	4) Are you the subject of a child-support related arrest warrant?

In accordance with N.J.S.A.2A:17-56.44d, an answer "Yes" to any of the numbered questions 1a through 4 will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

I THE UNDERSIGNED HEREBY DECLARE THAT I HAVE READ THIS APPLICATION AND THAT ALL THE ANSWERS TO THE QUESTIONS ARE TRUE, AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FAILURE TO ANSWER SHALL CONSTITUTE GROUNDS FOR LICENSE REVOCATION AND OR OTHER APPLICABLE LEGAL PENALTIES.

I ALSO UNDERSTAND THAT BY SIGNING THIS APPLICATION THAT I AM AUTHORIZING THE STATE ATHLETIC CONTROL BOARD TO CONDUCT A FULL INVESTIGATION INTO MY BACKGROUND AND ACTIVITIES. I UNDERSTAND THAT THE OFFICE OF THE ATTORNEY GENERAL AND THE NEW JERSEY STATE POLICE MAY PARTICIPATE IN THIS BACKGROUND INVESTIGATION.

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE BOARDS, EMPLOYERS, EDUCATION INSTITUTIONS FINANCIAL INSTITUTIONS AND ALL GOVERNMENT AGENCIES, FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC, I HAVE APPLIED FOR A LICENSE WITH STATE ATHLETIC CONTROL BOARD AND FOR THE PURPOSE OF THIS APPLICATION, YOU ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL INFORMATION PERTAINING TO ME, DOCUMENTARY OR OTHERWISE, AS REQUESTED BY ANY APPROPRIATE EMPLOYEE, AGENT OR REPRESENTATIVE OF THE STATE ATHLETIC CONTROL BOARD, THE OFFICE OF THE ATTORNEY GENERAL OR THE NEW JERSEY STATE POLICE.

I THE UNDERSIGNED STATE THAT A PHOTOSTATIC OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

FURTHER, I AM AWARE AND AGREE THAT MY SIGNATURE CONSTITUTES A WAIVER OF LIABILITY AS TO THE STATE OF NEW JERSEY AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGE RESULTING IN DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSURE CONSIDERATION PROCESS OR DURING ANY INVESTIGATIONS, INQUIRY OR HEARING.

I HEREBY AUTHORIZE THAT RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION TO THIS AGENCY ONLY FOR THE EXPRESS PURPOSE OF PROCESSING MY APPLICATION FOR A LICENSE. THE AUTHORITY TO REQUEST CRIMINAL INFORMATION IS SET FORTH IN THE N.J.S.A.5:2a-15.

I UNDERSTAND THAT THE DISCLOSURE OF MY SOCIAL SECURITY NUMBER ON THIS APPLICATION IS VOLUNTARY AND THAT IT WILL ONLY BE USED FOR PURPOSES OF PROCESSING MY APPLICATION.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

OFFICIAL'S DISCLOSURE FORM

1. What is your profession or occupation? _____

2. Who is your current employer? _____

If not currently employed, please list your most recent employer?

3. What is your business address and telephone number?

4. What is your home address and telephone number?

-over-

5. Are you licensed as a professional boxing official in any other jurisdiction?

YES

NO

(If yes, please explain) _____

6. Has any boxing license you have ever held been suspended or revoked?

YES

NO

(If yes, please explain) _____

7. Have you ever been denied a professional boxing official's license?

YES

NO

(If yes, please explain) _____

8. Do you have any direct or indirect financial interest in, or direct or indirect financial dealings with, any professional boxer, manager, second, trainer, promoter, matchmaker, sanctioning organization, or boxing media personality?

YES

NO

(If yes, please explain) _____

-more-

9. Do you have any direct or indirect financial interest with any company, partnership, or individual who is involved in the sport of boxing?

YES

NO

(If yes, please explain) _____

10. Please list all organizations, associations, groups, or charitable foundations related to boxing that you are currently a member of, or have been in, the last 12 months.

11. Are you, your spouse, or any of your parents, brothers, sisters, cousins, nieces, nephews, aunts, uncles, or grandchildren related to any professional boxer, manager, second, trainer, promoter, matchmaker, sanctioning organization official, or boxing media personality?

YES

NO

(If yes, please explain) _____

12. Are you, your spouse, or any of your parents, brothers, sisters, cousins, nieces, nephews, aunts, uncles, or grandchildren a personal friend of any professional boxer, manager, second, trainer, promoter, matchmaker, sanctioning organization official, or boxing media personality?

YES

NO

(If yes, please explain) _____

-over-

13. Have you been offered or received any gifts, complementaries, or other things of value from any professional boxer, manager, second, trainer, promoter, matchmaker, sanctioning organization, or boxing media personality?

YES NO

(If yes, please explain) _____

14. Have you been arrested by any law enforcement agency in the past twelve months?

YES NO

(If yes, please explain) _____

I CERTIFY THAT THE INFORMATION WHICH I HAVE PROVIDED ABOVE IS TRUE AND ACCURATE AND I UNDERSTAND THAT IT IS MY OBLIGATION TO NOTIFY THE SACB, IN WRITING, IMMEDIATELY, IF ANY OF MY RESPONSES TO THE ABOVE QUESTIONS CHANGE. I FURTHER UNDERSTAND THAT ANY OMISSIONS, INACCURACIES OR THE FAILURE TO MAKE FULL DISCLOSURES MAY BE DEEMED SUFFICIENT REASON TO DENY A LICENSE OR TO WITHHOLD RENEWAL OF, OR SUSPEND OR REVOKE, A LICENSE IF ISSUED BY THE BOARD. THE UNDERSIGNED APPLICANT UNDERSTANDS THE BOARD OR COMMISSIONER MAY MAKE SUCH INQUIRY AND INVESTIGATION CONCERNING THE APPLICANT'S RECORD OR BACKGROUND AS THE BOARD OR COMMISSIONER, IN THEIR JUDGEMENT, DEEMS PROPER, AND SAID APPLICANT FURTHER AGREES TO FURNISH ANY ADDITIONAL INFORMATION REQUESTED BY THE BOARD OR COMMISSIONER.

Date: _____ Print Name: _____

Signature: _____

This form must be faxed back to the SACB at (609) 292-3756 at least 10 days before the scheduled event in order to be considered for a position at that event. If you have any questions, please contact the SACB at (609) 292-0317.

**STATE OF NEW JERSEY
W-9 QUESTIONAIRE**

THE STATE OF NEW JERSEY REQUIRES COMPLETION OF THE W-9 VENDOR QUESTIONAIRE TO VERIFY/ESTABLISH YOUR NAME, ADDRESS, AND TAXPAYER ID ON STATE RECORDS. PLEASE REVIEW THE INFORMATION BELOW, CORRECT ERRORS, AND ANSWER THE QUESTIONS PER SPECIFIC INSTRUCTIONS. RETURN THE COMPLETED FORM TO THE STATE VIA MAIL OR FAX AS SOON AS POSSIBLE.

IMPORTANT: YOU WILL NOT BE PAID BY THE STATE OF NEW JERSEY UNTIL THIS FORM IS COMPLETED, SIGNED, AND RETURNED TO THE STATE OF NJ. FOR ADDITIONAL INFORMATION CALL (609) 292-7184 OR (609) 633-8183.

PART I. NAME/ADDRESS	REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION	Return completed form to: OMB VENDOR CONTROL PO BOX 221 TRENTON, NJ 08626 FAX:(609)984-5210
(REMIT TO:)	Enter your taxpayer identification number and indicate whether it is a social security or employee identification number by marking the appropriate box.	

Make any corrections to the pre-printed data in the space provided below. Please type or print clearly.

4. Taxpayer Identification Number (Enter your correct TIN below ONLY if it differs from the # printed in the box.)	MARK THE APPROPRIATE BOX:	Internal Use Only
<input style="width:100%;" type="text"/>	<input type="checkbox"/> SOCIAL SECURITY NUMBER <input type="checkbox"/> EMPLOYER IDENTIFICATION NUMBER	

5. For Employees Exempt From Backup Withholding (Contact the IRS for instructions)	Requester's name and address (optional)
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6. Certification: Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreported interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an IRA, and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Please Sign Here	Signature > _____	Date > _____
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PART II. VENDOR DATA	STATE OF NEW JERSEY VENDOR INFORMATION QUESTIONAIRE
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1. Enter the code from the list below that best describes your business function:

<p align="center">VENDORS</p> <p>HC = HEALTH CARE SERVICE (NON-STATE AGENCIES)</p> <p>VG = VENDORS WHO SELL OR MANUFACTURE GOODS</p> <p>VS = VENDORS WHO RENDER A SERVICE OR VENDORS WHO RECEIVE RENT PAYMENTS</p> <p align="center">MISCELLANEOUS VENDORS</p> <p>OT = OTHER MISCELLANEOUS VENDORS (PLEASE SPECIFY) _____</p>	<p align="center">GOVERNMENTAL ENTITIES</p> <p>AC = AUTHORITY/ COMMISSION</p> <p>CF = CONFIDENTIAL FUND</p> <p>CM = COUNTY/MUNICIPAL GOVT.</p> <p>CU = STATE COLLEGE/UNIVERSITY</p> <p>EP = NJ STATE EMPLOYEE</p> <p>FA = FEDERAL AGENCY</p> <p>FD = FIRE DISTRICT</p> <p>PC = PETTY CASH</p> <p>SA = STATE AGENCY</p> <p>SD = SCHOOL DISTRICT</p> <p>WB = WELFARE BOARD</p>
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2. Enter Primary Contact Information Below.

PHONE: _____ **NAME:** _____ **TITLE:** _____

IF YOU ARE A NJ STATE EMPLOYEE, NJ MANAGER OF A CONFIDENTIAL FUND OR A PETTY CASH FUND, DO NOT ANSWER THE BALANCE OF THE QUESTIONAIRE.

3. What is the principle activity of your organization?

M = MANUFACTURING H = HEALTH RELATED SERVICE C = CONSTRUCTION SERVICE AND/OR MATERIALS

S = SERVICE G = GOVERNMENT O = OTHER (Please Specify) _____

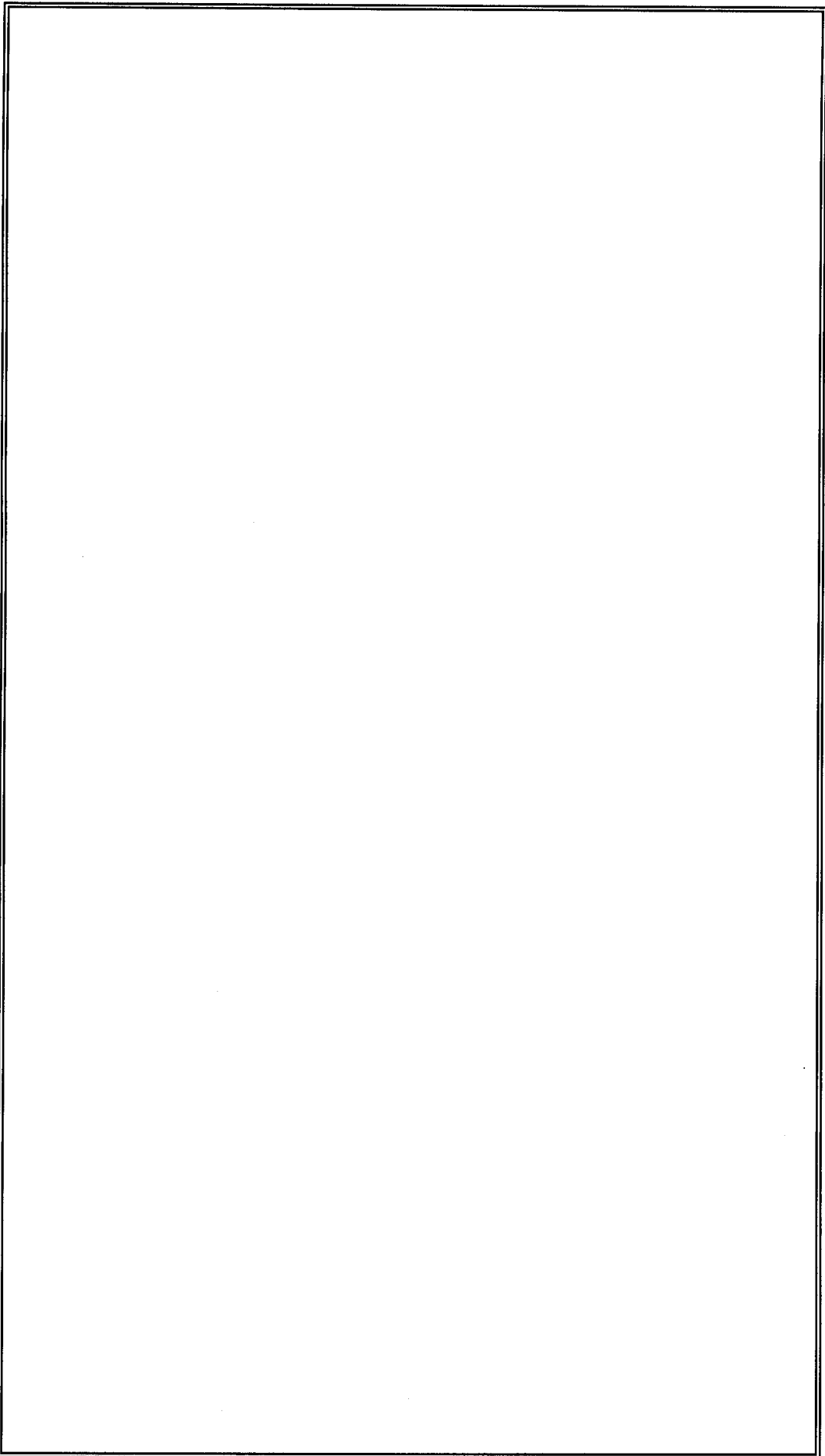
4. Enter the code from the list below that best describes your organization.

C = CORPORATION I = INDIVIDUAL P = PARTNERSHIP

A = ASSOCIATION J = JOINT O = OTHER (Please Specify) _____

5. Enter your 4 digit County/Municipality Code for NJ Addresses ONLY.

IMPORTANT: ANSWER ALL QUESTIONS (Please Print or Type Clearly)



Sign your name inside the width of the box with thick black marker (large & bold)

PRINT NAME: _____