Georgia Athletic and Entertainment Commission
Suite 802, West Tower
2 Martin Luther King Jr. Drive
Atlanta, GA 30334
404-656-2868 Phone
404-463-3480 Fax
www.georgiaboxing.com

GAEC Office Only

Receipt #_____

Date Received _____

All questions pertaining to license issuance must be answered. If question is not applicable please answer question with N/A. All boxing licenses expire on the 31st of the year. All mixed martial arts licenses expire on June 30th

☐ Professional Boxer $20	☐ Boxing Trainer/Second $20	☐Boxing Manager $50
☐ Boxing Matchmaker$50	☐ Boxing Official $20	
☐Pro MMA Contestant $20	☐ Professional Kick boxer $20	☐MMA Matchmaker $50
☐Amateur MMA Contestant $20	☐ MMA Manager $50	
☐ MMATrainer/Second $20	☐Physician $0	☐ MMA Official $20

Section I (All Applicants) - Please Print

Name: _____

Alias (other names used): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (primary): _____Telephone (secondary): _____

Fax #: _____ Email address: _____

Date of Birth: _____ Social Security #: _____ Height: _____

Weight: _____Sex: M / F Citizenship: _____ Place of Birth: _____

Driver's License #: _____ State Issued: _____

Are you presently on any suspension list? If yes, please explain_____

_____

Have you ever been disqualified in any contest or disciplined for your actions during a Contest? If yes, please explain_____

Has any license you've had been revoked? If yes, please explain_____

_____

List all other Athletic Commissions in which you are licensed_____

_____

Have you ever been convicted of a crime, regardless of adjudication, or have charges pending? If yes, please explain_____

_____

SECTION II (Boxers, Kickboxers, Pro & Amateur Mixed Martial Artist Only) Please Print

Boxing Federal ID#_____

Have you ever been hospitalized due to an injury suffered in any contest? If yes, please explain_____

Do you have any current medical conditions? If yes, please explain_____

_____

Do you have a manager? If yes, provide name address and telephone number

_____

Name Address Telephone

Have you had amateur experience? If yes, complete the following questions

Amateur Record: _____ Number of Fights: _____

Submission Grappling Record: _____

Name of Gym or Club you trained: _____

Name and telephone number of Trainer or Manager:

Name: _____ Telephone: _____

Section III (Boxing and MMA Manager, Trainer/Second Only) Please print

List names of boxers and/or MMA contestants which you currently manage/train/second:

_____

_____

Do you know of any medical conditions which your boxers and/or MMA contestants currently have? If YES, please explain: _____

_____

Section IV (to be completed by ringside physician applicants)

A ringside physician may not have any interest in a participant. Please provide your

Georgia Composite State Board of Medical Examiners license # _____

Section V to be completed by participant, ringside physician, matchmaker, timekeeper, referee, trainer, judge, and second

List the names of any person under the jurisdiction of the Georgia Athletic and

Entertainment Commission in whom you have a financial interest_____

_____

Section VI to be completed by boxer, mixed martial art, and kickboxer applicants

List the names of any persons who have a financial interest in you _____

_____

I THE UNDERSIGNED DECLARE THAT I HAVE READ THIS APPLICATION AND THAT ALL THE ANSWERS TO THE QUESTIONS ARE TRUE AND COMPLETE, I UNDERSTAND THAT ANY MISREPRESENTATION OF 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 GEORGIA ATHLETIC AND ENTERTAINMENT COMMISSION TO CONDUCT A FULL INVESTIGATION INTO MY BACKGROUND AND ACTIVITIES, I UNDERSTAND THAT THE OFFICE OF THE ATTORNEY GENERAL AND THE GEORGIA STATE POLICE MAY PARTICIPATE IN THE BACKGROUND INVESTIGATION.

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE BOARDS, EMPLOYERS, EDUCATIONAL, INSTITUTIONS, FINANCIAL INSTITUTIONS AND ALL GOVERNMENT AGENCIES, FEDERAL, STATE, AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC. I HAVE APPLIED FOR A LICENSE WITH THE GEORGIA ATHLETIC AND ENTERTAINMENT COMMISSION 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 GEORGIA ATHLETIC AND ENTERTAINMENT COMMISSION, THE OFFICE OF THE ATTORNEY GENERAL OR THE GEORGIA STATE POLICE

I UNDERSTAND THAT A PHOTOSTATIC COPY 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 GEORGIA AND IT'S INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGES RESLUTING IN DISCLOSURE OR PUBLICATION IN AN ANY MANNER OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSURE CONSIDERATION PROCESS OR DURING ANY INVESTIGATION, INQUIRY OR HEARING

I HEREBY AUTHORIZE THE RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION TO THIS AGENCY ONLY FOR THE EXPRESS PURPOSE OF PROCESSING MY APPLICATION FOR A LICENSE.

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

Date:_____ Signature: _____

APPLICANT NAME (Please Print) _____

MEDICAL EYE EXAM FOR COMBATIVE SPORTS

Exam with dilation must be done by an OPTHALMOLOGIST or OPTOMETRIST

Examination (normal-N; abnormal-X)	Right Eye	Left Eye
VISUAL ACUITY (WITHOUT CORRECTION)	N _____ F _____	N _____ F _____
EXTERIOR EXAM	_____	_____
ANTERIOR EXAM	_____	_____
FUNDI	_____	_____
EXTRACOCULAR MUSCLES	_____	_____
VISUAL FIELDS (Confrontation)	_____	_____
TONOMETRY	_____	_____

EXPLAIN ABNORMAL FINDINGS _____

_____

_____

DIAGNOSIS

_____

_____

_____

I hereby certify that a dilated exam was performed on: _____
(Please print applicant's name)

Date of Exam: _____, _____ _____
Month Day Year

I HAVE APPROVED THIS PERSON TO PARTICIPATE IN A COMBATIVE SPORTS EVENT.

Ophthalmologist or Optometrist NAME _____
(Please Print)

LICENSE # _____
(Must be licensed in a State, District, or Territory of the United States)

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE NUMBER _____

OPHTHAMOLOGIST or
OPTHMETRIST SIGNATURE _____ DATE _____

APPLICANT SIGNATURE _____ DATE _____

APPLICANT AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Athletic and Entertainment Commission and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 7 & 8 of this application.

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Athletic and Entertainment Commission and/or criminal prosecution.

_____

Signature of Applicant **Date**

_____

Print Applicant's Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2012 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]