STATE ATHLETIC COMMISSION Idaho Division of Occupational and Professional Licenses 11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or P.O. Box 83720, Boise ID 83720-0063 Phone: (208) 334-3233 Website: <u>https://dopl.idaho.gov</u> E-mail: <u>atc@dopl.idaho.gov</u>

APPLICATION INSTRUCTIONS FOR LICENSURE AS AN OFFICIAL OR NON-COMBATANT

Please complete this form by providing the requested information (please print) and the required fees. Your signature must be notarized and any supporting documentation must be attached. Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure. Submit the completed form to the address noted. NOTE: <u>ANY ACTIVITY PRIOR TO OBTAINING A VALID LICENSE IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF YOUR RIGHT TO LICENSURE.</u> Please note applications for licensure must be submitted at least two weeks prior to the event in which the ring official wishes to participate.

Checklist for Combatant Application:

- Complete signed and notarized application with notary seal and required fees.
- Application fee of \$150.00. FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.
- Proof of identification a clear and readable copy of a government-issued photo ID such as a passport, military ID, or valid driver's license is acceptable.
- If you answered 'Yes' to question #7, 8, or 9; Documentation as it relates to the question(s) for which you answered Yes.
- Referee, Judge, Timekeeper, or Glover Addendum, if applicable.
- Copy of legal name change, if applicable (marriage license, divorce decree or court order). This is applicable if the name used on any accompanying documents, such as transcripts or proof of age, does not match the name on the application.
- Please keep a copy of this application for your records.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see <u>Idaho Code §§ 67-9401-9407</u>. Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see <u>Idaho Code § 67-2602A</u>.

To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.

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APPLICATION FOR LICENSURE AS AN OFFICIAL OR NON-COMBATANT

I hereby make application for licensure in the State of Idaho under the provisions of Title 54, Chapter 4, Idaho Code as amended as follows: (please check only **ONE TYPE & ONE CLASS**. Separate applications are required for each type & class and attach a check or money order made out to DOPL for **\$150.00**. All returned checks are subject to a \$20 fee.)

TYPE: () Boxing () Wrestling () Mixed Martial Arts CLASS:

() Official () Second () Manager

1.	Full	Name
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2.	Address of Record			
	(The above address is a public record.) Street	City	State	Zip
3.	Mailing Address			
	(The above address is not a public record.) Street/PO Box	City	State	Zip
	Social Security No. / / Date of Birth / / / (This is not a public record; required by I.C. § 73-122) Date of Birth / / / / mm dd py of a government-issued photo ID such as a passport, military ID, or valid driver's license must be		ntification – a clear	and readable color
5.	Business Phone ()Other Phone ()_E-mail (The above phone number is a public record.) (The above phone number is not a public record.)		record; required by	/ I.C. § 67-2609.)
6.	Are you or your spouse an active member or honorably discharged veteration (To utilize experience or education gained in the military to qualify you for this license/registration			
7.	Have you ever been convicted, pled guilty, nolo contendere or received a w felony? (If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and pare received with this application.)	• •	-	() Yes () No

8.	Have you ever had a license, or registration revoked, suspended or otherwise sanctioned?	() Yes () No
	(If yes, a copy of the charges and the final order must be received before your application will be processed.)	

9. Are you or have you ever been a user of or addicted to any habit forming or unlawful substance? () Yes () No (If Yes, or the results of your urinalysis is positive, you must attach proof of participation in a recognized drug rehabilitation program.)

AFFIDAVIT

I hereby certify that I am the person named above and that I am of good moral character and temperate habits. I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I further certify that I will comply with the Idaho Laws and Rules governing the license and practice for which this application is being submitted. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby authorize the Division of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be otherwise protected or confidential that may have bearing on my eligibility for or maintenance of any license issued subsequent to this application.

	Signature of Applicant				
State of, County of, ss. Subscribed and sworn before me this day of	. 20				
(seal)					
	Notary Public Official Signature My Commission Expires				

Note: The applicant's signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language "subscribed and sworn" must appear before the applicant's signature. An "acknowledgement" where the notary only verifies the identity of the applicant is not acceptable.

STATE ATHLETIC COMMISSION APPLICATION FOR LICENSURE

ADDENDUM

REFEREE, JUDGE, TIMEKEEPER, or GLOVER (this addendum is not required for Second or Manager applicants)

**EACH APPLICANT FOR LICENSE AS A REFEREE, JUDGE, TIMEKEEPER OR GLOVER SHALL MEET THE FOLLOWING REQUIREMENTS:

- 1. Have had at least one (1) year documented experience in either amateur or professional boxing, wrestling, or martial arts as a referee, judge, timekeeper, or glover, whichever is appropriate; and
- 2. Submit verifications from three (3) persons of the applicant's proficiency as a referee, judge, timekeeper, or glover, whichever is appropriate; and
- 3. The commission may accept satisfactory evidence of equivalent qualifications possessed by an applicant who is currently licensed in another state or country; or who formerly held a Idaho license which lapsed in good standing.
- A. WORK EXPERIENCE: List your work experience including employers names, addresses, phone numbers and dates of practice. My experience in: () Boxing () Wrestling () Mixed Martial Arts as a

is as follows:	() Referee () Judge () Timekeeper () Glover s follows:							
EMPLOYER'S NAME								
ADDRESS								
PHONE NO	DATES of PRACTICE From	mm	_/	_/ уууу	_ to	mm	/ dd	_/уууу
EMPLOYER'S NAME								
ADDRESS								
PHONE NO	DATES of PRACTICE From	mm	_/	_/уууу	_ to	mm	/ dd	_/уууу
EMPLOYER'S NAME								
ADDRESS								
PHONE NO	DATES of PRACTICE From	mm	_/	_/ уууу	_ to	mm	/ dd	_/уууу

If more space is needed, attach a separate sheet of paper

B. CHARACTER REFERENCES: Please provide below the names and current contact information (name, address, & phone) of three references who can attest to your proficiency as a referee, judge, or timekeeper.