

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: <https://dopl.idaho.gov>
E-mail: atc@dopl.idaho.gov

APPLICATION INSTRUCTIONS FOR EVENT SANCTIONING PERMIT

Submit the completed form for the issuance of an event sanctioning permit to the address noted above (please print.) Your signature must be notarized and any supporting documentation must be attached. Submit the completed form to the address noted. **NOTE: NO ADVERTISING OR MARKETING MAY BEGIN PRIOR TO THE ISSUANCE OF A SANCTION PERMIT. UNLAWFUL ACTIVITY MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF YOUR RIGHT TO OBTAIN FUTURE PERMITS OR LICENSURE.**

Processing will be delayed for applications that do not include a social security/EIN number or other documentation required under Idaho Code § 73-122. **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.**

Checklist for consideration by the Commission for approval:

- Complete signed and notarized application with notary seal and required fees.
- Application fee of \$200.00 PLUS \$1,000 Event tax. 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 #8, 9, 10, or 11; Documentation as it relates to the question(s) for which you answered Yes.
- Copy of the bond or other financial security (e.g. cashier’s check) payable to the State of Idaho.
- Copy of the health insurance certificate.
- 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.

If approved, a packet including the event permit and other materials will be mailed to you.

Rule 109.02. Deadline. A complete application together with application fees, applicable bond amount, proof of insurance, and information regarding the combatants named in the main and semi-main contest must be received by the Commission no less than thirty (30) days prior to the date requested for the event named in the application. Combatants named in contests may be changed at the discretion of the Commission.

Rule 109.03. Cancellation. The failure of the promoter to notify the Commission of a cancellation at least seven (7) calendar days before the date for the program will result in the forfeiture of all fees and will be grounds for disciplinary action.

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 [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

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

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.

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APPLICATION FOR EVENT SANCTIONING PERMIT

I hereby make application for a **SANCTION PERMIT** in the State of Idaho under the provisions of Title 54, Chapter 4, Idaho Code as amended as follows: (please check the **TYPE & CLASS** of event. Separate applications are required for each event and attach a check or money order made out to the Division for the application fee of **\$200.00**. Note that an event tax of **\$1,000.00** is also due with this application and the final event tax and reconciliation form are due within 72 hours of the event.)

TYPE
 Professional Amateur Pro-Am

CLASS
 Boxing Mixed Martial Arts Professional Wrestling

1. Full Event Title _____
2. Venue Facility _____
3. Venue Address _____
(Physical address only) Street City State Zip
4. Promoter Name: _____ License # ATP- _____
(Print)
5. Social Security or EIN # ____/____/____ Business Phone (____) _____ E-mail _____
(This is not a public record; required by I.C. § 73-122) (The above phone number is public record) (This is not a public record; required by I.C. § 67-2609.)
6. Event Date: ____/____/____ Event Start Time _____
mm dd yyyy
7. Name of Independent Ticket Outlet _____
Indicate the number of tickets anticipated to be printed for the event. _____

8. Please indicate the matchmaker and their license number _____ ATMM- _____
(name) (license number)

PLEASE NOTE: Idaho Code 54-416, which states that all matchmakers must be licensed in the State of Idaho.

9. MAIN EVENT: Number of Rounds ____ Weight Class _____
Sanctioned Title? Yes No (If Yes, identify Title _____)

Combatant Name _____ License # _____
Record: W ____ L ____ D ____

vs.

Combatant Name _____ License # _____
Record: W ____ L ____ D ____

10. SEMI-MAIN EVENT: Number of Rounds ____ Weight Class _____
Sanctioned Title? Yes No (If Yes, identify Title _____)

Combatant Name _____ License # _____
Record: W ____ L ____ D ____

vs.

Combatant Name _____ License # _____
Record: W ____ L ____ D ____

APPLICATION FOR EVENT SANCTION PERMIT
(continued)

11. You must attach a bond or other form of financial security payable to the state of Idaho in an amount determined by the commission, executed by the applicant and a surety company or companies authorized to do business in this state, and conditioned upon the faithful performance by the promoter, which shall include, but not be limited to, the cancellation of a contest or exhibition without good cause as determined by the commission once the event has been approved by the commission. (2) The bond or other form of financial security required under this section shall guarantee the payment of all taxes, fees, fines and other moneys due and payable pursuant to the provisions of this chapter and the rules of the commission including, but not limited to, the payment of purses to the participants, other than the promoter, any contributions for required insurance, pensions, disability and medical examinations, the repayment to ticketholders of purchased tickets, and if applicable, the payment of fees to ring officials and physicians and, in the event of the cancellation of a contest or exhibition approved by the commission without good cause, an amount determined by the commission.

12. You must attach proof of having health insurance. An event promoter must obtain health insurance sufficient to cover the medical, surgical, and hospital care of all event participants, other than the promoter, for injuries sustained while participating in the event. The insurance shall provide primary coverage for each such participant, and the minimum amount coverage per participant shall be ten thousand dollars (\$10,000). The participant may not be required to pay a deductible associated with care provided under this insurance. If a participant pays for the medical, surgical or hospital care, the insurance proceeds must be paid to the participant or the participant's beneficiaries for reimbursement for the payment.

13. Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.) Yes No

AFFIDAVIT

I hereby certify that I am the Idaho licensed promoter 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 have read and will comply with the Idaho Laws and Rules governing the permit and practice for which this application is being submitted. I further certify that an ambulance and medical personnel with appropriate resuscitation equipment will be continuously present on site during the event for which this permit is being sought. 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 and Professional 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 Promoter

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.

UPON APPROVAL BY THE COMMISSION, YOU WILL BE NOTIFIED OF THE TIME AND PLACE OF THE OFFICIAL WEIGH-IN. The official weigh-in shall be scheduled no less than 24 hours nor more than 30 hours before the event. The Promoter is responsible to notify each combatant of the weigh in and the requirement to attend. Combatants who fail to attend the official weigh in will be removed from the card and WILL NOT be allowed to participate. The Commission may take disciplinary action for failure to attend the official weigh in.

ALL PROFESSIONAL AND AMATEUR COMBATANTS MUST BE LICENSED PRIOR TO THE SCHEDULED WEIGH-IN.