

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](mailto:atc@dopl.idaho.gov)

**APPLICATION INSTRUCTIONS FOR PROMOTER LICENSURE**

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. Submit the completed form to the address noted. **NOTE: ANY ACTIVITY PRIOR TO OBTAINING A VALID LICENSE IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF YOUR RIGHT TO LICENSURE.** 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 Combatant Application:**

- Complete signed and notarized application with notary seal and required fees.
- Application fee of \$1,000.00. 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 #8, 9, or 11; Documentation as it relates to the question(s) for which you answered Yes.
- Attach the names and addresses of three persons who can attest to your personal integrity.
- 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 [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.

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**APPLICATION FOR PROMOTER LICENSURE**

I hereby make application for licensure in the State of Idaho under the provisions of Title 54, Chapter 4, Idaho Code as amended, to practice as a PROMOTER of events under the jurisdiction of the Idaho Athletic Commission. Please attach a check or money order made out to DOPL for \$1,000.00. All returned checks are subject to a \$20 fee.

**1. Full Name** \_\_\_\_\_

**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

**4. Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_ **or Employer Tax Identification Number (EIN):** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (This is not a public record; required by I.C. § 73-122)

**5. Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 month day year  
 (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 must be attached.)

**6. Business Phone** (\_\_\_\_) \_\_\_\_\_ **Other Phone** (\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_  
 (The above phone number is a public record.) (The above phone number is not a public record.) (This is not a public record; required by I.C. § 67-2609.)

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

**8. Have you ever been convicted of any State or Federal felony?** ( ) Yes ( ) No  
 (If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

**9. 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.)

**10. Have you ever filed for bankruptcy in any jurisdiction?** ( ) Yes ( ) No  
 (If Yes, you must attach a copy of the final bankruptcy order. If Yes or No, you must attach a current credit report from one of the three major credit reporting services.)

**11. You list the names and addresses of three persons who can attest to your personal integrity.**

_____ Name	_____ Name	_____ Name
_____ Current Address	_____ Current Address	_____ Current Address
_____ City, State, Zip	_____ City, State, Zip	_____ City, State, Zip

**AFFIDAVIT**

I hereby certify that I am the person named above and that I have no infectious or contagious disease which may pose a threat to the general public 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 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 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 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.**