



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
2601NORTH 3rd Street
HARRISBURG, PA 17110**

Gregory P. Sirb
Executive Director

Telephone: (717) 787-5720
Fax: (717) 783-0824

***Professional (MMA) experience Form (Must be completed by Boxer's Trainer/Manager)**

By signing this form below you are certifying that _____ has, in
Name of Boxer
your judgement, the necessary skills to qualify and be licensed as a **professional (MMA) boxer**
in this state.

You make this judgement based on the following: (circle all that apply)

* The above named Boxer has been training at your gym

If YES for how long _____

* Name and location of the GYM where this Boxer has trained:

* You have witnessed the above named Boxer spar and train and feel he/she is duly qualified

* You have first-hand knowledge of the above named Boxer's amateur experience

If YES –list the win/loss record of this Boxer: _____

What if any relationship do you have with the above named boxer?

Do you hold any type of license with the Pennsylvania State Athletic Commission or any other state/tribal Commission? If YES please list the type of license and Commission's name:

Trainer's /Manager's Name _____

(Please Print)

*** By signing below I also verify that the above named Boxer has NEVER competed in any professional contest in any form of contact sports.**

Signature

Date

*** This form MUST be completed for every professional MMA Boxer who is taking part in their first professional contest. This form MUST be presented to the Commission before the event.**