OFFICE USE ONLY
AMOUNT PAID_____RECEIVED BY_____

North Carolina Boxing and Combat Sports Commission

Officials License Application

Valid Jan-Dec 20___

PLEASE PRINT CLEARLY **Date:_____/_____/_____**

Last Name **First** **Middle Initial**

Physical Address

City **State** **Zip Code**

Social Security Number_____/____/_____ **Phone#_____**

DL. #_____ State_____ **Date of Birth: ___/____/____**

Email_____@_____

Can info be placed on our website? _____Yes _____No

Type of Application	License Fee Required	Total
MANAGER	License Fee = $150.00	$_____
MATCHMAKER	License Fee = $300.00	$_____

The undersigned applicant hereby applies to the North Carolina Boxing Commission for a license under the provisions of Article 68, Chapter 143 of the North Carolina General Statutes and the Rules and Regulations of the Boxing Commission. The undersigned applicant understands that any omissions, misrepresentations, or failure to make full disclosures may be deemed sufficient reason to deny or revoke a license issued by the Boxing Commission. Further, Matchmaker applicants must be in good standing with the Boxing Commission. It is their responsibility to keep promoters informed of fighter's medicals. Matchmakers must further understand that fighters on suspension will not be considered for a bout until suspension has been released.

_____Date_____

(Signature of Applicant)