

**State of Nebraska**  
ATHLETIC COMMISSION  
1313 Farnam Street  
Omaha, NE 68102

Nat'l MMA# _____
Federal ID # _____

**APPLICATION FOR LICENSE**

<input type="checkbox"/> AMATEUR MMA CONTESTANT	<input type="checkbox"/> PROFESSIONAL BOXER	<input type="checkbox"/> REFEREE	
<input type="checkbox"/> PROFESSIONAL MMA CONTESTANT	<input type="checkbox"/> PROFESSIONAL WRESTLER	<input type="checkbox"/> JUDGE	
<input type="checkbox"/> MANAGER	<input type="checkbox"/> SECOND/CORNER	<input type="checkbox"/> PHYSICIAN	<input type="checkbox"/> TIMEKEEPER

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ \*\*SOC SEC #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ COLOR OF HAIR: \_\_\_\_\_ COLOR OF EYES: \_\_\_\_\_

HOME/CELL PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

For the purposes of complying with Neb. Rev. Stat §§ 4-108 through 4-114, I attest as follows, and I understand that this information may be used to verify my lawful presence in the United States.

I am a citizen of the United States

I am a qualified alien under the Federal Immigration and Nationality Act, my immigration status and alien number are as follows: \_\_\_\_\_, and I agree to provide a copy of my USCIS documentation upon request.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. ARE YOU CURRENTLY UNDER SUSPENSION BY ANY STATE COMMISSION         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. ARE YOU AWAITING AN ADMINISTRATIVE HEARING BY ANY STATE COMMISSION | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. HAVE YOU EVER BEEN DENIED A LICENSE BY THE STATE OF NEBRASKA       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**\*\*OFFICIALS ONLY\*\***

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 4. HAVE YOU ATTENDED AND SUCCESSFULLY COMPLETED A NEBRASKA OR ASSOCIATION OF BOXING COMMISSIONS OFFICIAL CERTIFICATION PROGRAM | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--|------------------------------|-----------------------------|

HOW LONG HAVE YOU BEEN COMPETING IN BOXING, WRESTLING, OR MIXED MARTIAL ARTS: \_\_\_\_\_

HOW LONG HAVE YOU BEEN TRAINING FOR THIS BOUT: \_\_\_\_\_ CHIEF SECONDS NAME: \_\_\_\_\_

Experience/Qualifications: List the experience and qualifications that qualify you for the license that you are making application for.  
\_\_\_\_\_

I certify that I have read and understand the rules and regulations pertaining to the license for which I am making application, that all information given is my own, is true, correct, complete and accurate. I further understand and agree that any false, misstatements or incomplete information on the application will constitute grounds for revoking or denial of the license. I further agree to abide by all rules and regulations pertaining to the government of wrestling, boxing, and mixed martial arts in Nebraska. I also agree that any and all results of medical testing required by the Nebraska Athletic Commission may be shared with other boxing commissions and recorded with the official ABC Medical Data Bank to be reviewed by any Commission physician in the performance of their official duties.

**\*\*The social security disclosure is mandatory and is required under 42 U.S.C. section 666 Neb. Rev. Stat. Section 43-3340. This information may be used in administering Title IV-D of the Social Security Act (Familial Support Enforcement) and related provisions of state law. Social Security number information will not be disclosed as a public record pursuant to the exception from disclosure provided under Neb. Rev. Stat. section 84-712.05(16).**

Signature of Applicant: \_\_\_\_\_ Physician Medical License # \_\_\_\_\_ MD \_\_\_\_\_ DO \_\_\_\_\_

Commission Representative: \_\_\_\_\_ Date: \_\_\_\_\_