

INFORMATION & INSTRUCTIONS - MIXED MARTIAL ARTS
Contestant - Judge - Manager - Physician - Referee - Second

Access this form via website at: cca.hawaii.gov/pvl

**AMATEUR
CONTESTANTS**

Amateur contestants need to submit a physical and verification of **NEGATIVE HIV, Hepatitis B Surface Antigen and Hepatitis C Antibody tests** dated **within six months** of the event. A license application is only required for professional contestants.

**APPLICATION
FORM**

Type or print legibly in black ink and sign the application. Answer all questions. Any misstatement is grounds for refusal or subsequent revocation of licensure. Incomplete and/or irregular applications will not be accepted. Applicants are subject to requirements in effect at time of filing. One application per license type.

- **Failure to provide all the requested information will delay the processing of your application.**

**SOCIAL SECURITY
NUMBER**

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the laws listed below. **For a license to be issued you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency.

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license, registration, or occupational license be recorded on the application for license or registration; and if you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license, registration, or occupational license be recorded on the application for license or registration; and **§436B-10(4), HRS** which states that an applicant for license or registration shall provide the applicant's Social Security Number if the licensing or registering authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

FEES

Attach the appropriate fee. Make check payable to: COMMERCE AND CONSUMER AFFAIRS. (check must be in U.S. dollars and be from a U.S. financial institution.)

Contestant or Second	If applying for licensure between July 1 odd-numbered year and June 30 even-numbered year, pay	\$197
	<i>(Appl Fee - \$25*, License Fee - \$48, CRF - \$100, 1/2 Renewal - \$24)</i>	
Physician or Judge	If applying for licensure between July 1 even-numbered year and June 30 odd-numbered year, pay	\$123**
	<i>(Appl Fee - \$25*, License Fee - \$48, CRF - \$50)</i>	
Physician or Judge	If applying for licensure between July 1 odd-numbered year and June 30 even-numbered year, pay	\$245
	<i>(Appl Fee - \$25*, License Fee - \$80, CRF - \$100, 1/2 renewal - \$40)</i>	
Physician or Judge	If applying for licensure between July 1 even-numbered year and June 30 odd-numbered year, pay	\$155**
	<i>(Appl Fee - \$25*, License Fee - \$80, CRF - \$50)</i>	

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FEES (Continued)

Referee or Manager If applying for licensure between July 1 odd-numbered year and June 30 even-numbered year, pay \$365
(Appl Fee - \$25, License Fee - \$160, CRF - \$100, 1/2 renewal - \$80)*

If applying for licensure between July 1 even-numbered year and June 30 odd-numbered year, pay \$235**
(Appl Fee - \$25, License Fee - \$160, CRF - \$50)*

* Application fee is not refundable.

** Subject to renewal by June 30, odd-numbered years.

NOTE: *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fee is honored by your bank. If your payment is dishonored, you will have failed to pay the required license fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

If for any reason you are denied licensure you are applying for, you may be entitled to a hearing as provided by Chapter 91, Hawaii Revised Statutes, and Title 16, Chapter 201, Hawaii Administrative Rules. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

PHYSICAL EXAMINATION

All contestants are required to complete and submit the "contestant's physical examination form (MMA-02)" performed by a licensed physician. The exam must be dated within six months of the event.

HEPATITIS B/C & HIV SCREENING

All contestants must submit a verification of **NEGATIVE HIV, Hepatitis B Surface Antigen and Hepatitis C Antibody tests** dated **within six months** of the event.

PHYSICAL EXAMINATION FOR REFEREES

All referees are required to complete and submit the "Referee Physical Examination Report (MMA-26)" performed by a licensed physician. The exam must be dated within twelve months of the license application date.

EYE EXAMINATION FOR REFEREES AND JUDGES

All referees and judges are required to complete and submit the "Vision Examination for Officials (MMA-25)" performed by a licensed ophthalmologist or optometrist. The exam must be dated within six months of the license application date.

PROGRAM'S ADDRESS

Mail all required items to: Deliver to office location at:
 Mixed Martial Arts Program OR 335 Merchant Street, Room 301
 DCCA, PVL Licensing Branch Honolulu, HI 96813
 P.O. Box 3469
 Honolulu, HI 96801 Phone: (808) 586-3000

LAWS

To obtain a copy of the Mixed Martial Arts law, Chapter 440E, Hawaii Revised Statutes, send a written request to the address above. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 440E.

The law is also posted on our website at: cca.hawaii.gov/pvl. Click on "Mixed Martial Arts Contest". Then click on "Statute/Rule Chapter".

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**BIENNIAL
RENEWAL**

A MMA license, regardless of issuance date, is renewable biennially on or before June 30 of each odd-numbered year. Failure to renew licensure (payment of fees and completed renewal application form) on or before June 30, odd-numbered year shall constitute an automatic forfeiture of licensure.

**ABANDONED
APPLICATION**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after the approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

**RELEASE OF
INFORMATION**

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on "**Release of Information to Third Party**", sign, and date it.

Application for Licensure - MIXED MARTIAL ARTS

Type or print legibly in black ink. Access this form via website at: cca.hawaii.gov/pvl.
 Read "Requirements and Instructions before completing this form."

CHECK ONE:
 Pro Contestant Judge Manager Physician Referee Second

Legal Name of Applicant (First, Middle) _____ (Last) _____

Residence Address (Include Apt. No., City, State & Zip Code)

Mailing Address (ONLY if different from Residence Address)

Other Names Used (Include Maiden Name) _____ Social Security No. _____ Telephone No. (Days) _____ Cell Phone No. _____

FOR OFFICE USE ONLY	APPROVED: <input type="checkbox"/>	Initial/Date: _____
	Date Licensed: _____	License No. _____

Check answers and provide details as required.

- Are you at least 18 years of age? Yes No
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? Yes No
- Have you ever held a license in the MMA profession in another state? Yes No

If "Yes", answer the following questions:

- What state issued your MMA license? _____
- License type: _____
- Effective date of licensure: _____
- Status: _____

- Have you ever had any license denied, suspended, revoked, or had renewal refused, in any state? Yes No

If "Yes", attach a written explanation signed and dated by you, including specific dates, and submit copies of all letters of inquiry and resolution.

- Are you now under investigation or are there any disciplinary proceedings or actions taken or pending against you? Yes No

If "Yes", you must attach:

- a written statement, signed and dated by you, explaining the circumstances of each incident, and
- a copy of the Notice of Hearing or other document that states the charges and allegations.

- Have you ever had or are there any pending lawsuits, tax liens, or any other type of judgment or lien against you? Yes No

If "Yes", attach written explanation signed and dated by you, including specific dates, and submit copies of all letters of inquiry and resolution.

- Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? Yes No

If "Yes", you must attach:

- a written statement, signed and dated by you, explaining the circumstances of each incident,
- a copy of the charging document,
- a copy of the official document which established the resolution of the charges of any final judgment, and
- if currently on probation, attach letter from probation officer stating your compliance with terms of probation.

**** SIGNATURE REQUIRED ON PAGE 3 ****

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Application.....	800.....	\$25
License (C/S)(P/J)(R/M).....	823.....	\$48/80/160
CRF.....	833.....	\$50/100
1/2 Renewal (C/S)(P/J)(R/M)...	820.....	\$24/40/80
Service Charge.....	BCF.....	\$25

Print Name of Applicant: _____

Date: _____

EACH APPLICANT SHOULD COMPLETE THE FOLLOWING

FORMAL TRAINING AS A CONTESTANT, REFEREE, JUDGE OR SECOND

Does the applicant have formal training in MMA? Yes No

If "Yes", when was formal training obtained: From ____ / ____ / ____ To ____ / ____ / ____

Name of Training Facility: _____ Location: _____

Provide a description of the formal training:

PRACTICAL EXPERIENCE AS A CONTESTANT, REFEREE, JUDGE OR SECOND

Does the applicant have practical experience in MMA? Yes No

If "Yes", when was practical experience obtained: From ____ / ____ / ____ To ____ / ____ / ____

Provide a description of practical experience including events you participated in:

REFERENCES Provide three (3) references who can attest to your experience.

Print Name: _____ Telephone: (____) _____

Address (Include Apt. No., City, State & Zip Code)

Print Name: _____ Telephone: (____) _____

Address (Include Apt. No., City, State & Zip Code)

Print Name: _____ Telephone: (____) _____

Address (Include Apt. No., City, State & Zip Code)

PHYSICIAN APPLICANTS ONLY

Graduate of _____ Medical School Year _____

Number of years in active practice _____ Have you treated sport injuries? Yes No

Are you currently licensed to practice medicine in Hawaii? Yes No

Hawaii Physician's License No. _____

(CONTINUED ON PAGE 3)

Print Name of Applicant: _____

Date: _____

MANAGER APPLICANTS ONLY

How long have you managed MMA contestants? _____

Has anyone a financial interest in your earnings? Yes No

If "Yes", provide details: _____

Give name, address and weight class of MMA contestants under your managerial control:

<u>Name</u>	<u>City, State</u>	<u>Weight Class</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have an exclusive right as a manager of all MMA contestants listed in this application? Yes No

If "No", provide names and addresses of others interested financially or otherwise:

<u>Name</u>	<u>City, State</u>
_____	_____
_____	_____
_____	_____
_____	_____

AFFIDAVIT OF APPLICANT

APPOINTMENT OF DIRECTOR AS INDIVIDUAL'S AGENT FOR SERVICE OF PROCESS. KNOW ALL PEOPLE BY THESE PRESENT:

That in compliance of the Laws of the State of Hawaii, I, the undersigned applicant, if a nonresident do hereby appoint the Director of Commerce and Consumer Affairs of the State of Hawaii, his/her successor or successors, as my true and lawful agent upon whom may be served all legal process in any action or proceeding in which I may be a party arising out of or relating to the transactions of the department, and do hereby expressly consent and agree that service upon such agent shall be as valid and binding as if due and personal process has been made upon me and that such appointment shall be irrevocable.

I certify that the statements, answers, and representations made in this application and in the documents attached are true and correct, and that all information in any reciprocal application submitted with this application is current, true and complete, and that this document has not been altered or changed in any manner from the form adopted by the Department of Commerce and Consumer Affairs.

I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 440E-27, Hawaii Revised Statutes). I further certify that I have read, understand and agree to comply with the provisions of Hawaii Revised Statutes, Chapter 440E.

Signature of Applicant

Date

Release of Information to Third Party:

To assist me in the licensing process, I hereby authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print Name of Individual who is assisting you: _____

Name of Organization: _____

Signature of Applicant

Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.