

**STATE BOXING
COMMISSION OF HAWAII**

**APPLICATION FOR
BOXER'S LICENSE**

FEE \$78 (\$28 + \$50 CRF)

(check must be in U.S. dollars and
be from a U.S. financial institution)

INSTRUCTIONS

All applications **must** be in ink or typewritten.

Total Fee: \$78 (must accompany application)

A manager is not necessary, but if one is selected, he **must** be licensed by this Commission and a copy of the contract between boxer and manager must be filed with this office.

Two photographs required, passport size, full face, without hat, if none previously submitted.

APPLICATION RECORD	Date Received
	Medical
	Date Approved
	License No.

Date: _____

The undersigned, having paid the legal fee as required by law, hereby makes application for License as a Professional Boxer or Contestant for the calendar year _____.

Name (Full legal name): _____ Social Security No. _____

Ring name: _____ Age: _____

Home Address: _____ City: _____

State or Country: _____ Zip Code: _____ Phone (Res): _____

Citizen of: _____ Phone (Bus/Cell): _____

Occupation: _____

Place of Birth: _____ Date of Birth: _____

Ring Weight: _____ Height: _____ ft. _____ in. Name of Manager: _____

Address of Manager: _____ City: _____ State: _____ Zip Code: _____

Date present contract expires with Manager: _____

Is Manager licensed with your home Boxing Commission? _____ Manager's License No.: _____

Was applicant ever disqualified anywhere in any contest for cause? _____

Was applicant ever penalized or disciplined by any state or Boxing Commission? _____

If answer is "Yes" to either of the foregoing questions, state where, and complete circumstances: _____

Have you ever been denied a license by any Commission? _____

Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? _____

Are you on parole from any penal institution? _____

Have you ever had or been diagnosed as having any mental disorder or disability? _____

If so, when and where? (Give full particulars) _____

Has applicant any financial interest in any club, corporation, association or organization promoting boxing in this State, or any other place?
_____. Or, has any promoter, club association, corporation or organization have any financial interest in your earnings as a boxer? _____

Did you ever fail a Medical Examination? _____

Were you previously licensed as a boxer in Hawaii? _____

If "Yes", indicate year: _____

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Lic 056 \$28
CRF 067 \$50

Print Name of Applicant: _____

Date: _____

ENTER PRO RING RECORD: (IF NONE, STATE "NONE")

PRO
RING
RECORD

TOTAL BOUTS: _____ WON: _____ LOST: _____ DRAW: _____

WON BY KO-TKO: _____ LOST BY KO-TKO: _____

WON BY DISQUALIFICATION: _____ LOST BY DISQUALIFICATION: _____

ENTER LAST THREE (3) BOUTS: (IF NONE, STATE "NONE")

Date: _____ Place: _____ Opponent: _____ Result: _____

Date: _____ Place: _____ Opponent: _____ Result: _____

Date: _____ Place: _____ Opponent: _____ Result: _____

Amateur experience and record (Include year(s)): _____

BOXERS FROM OUTSIDE OF THE STATE OF HAWAII:

Pro ring record and last three bouts must be filled out where indicated above.

Is boxer licensed with Commission in home area or state? YES NO License No.: _____

Has boxer ever been guaranteed sufficient funds, or has a bond been filed to cover return transportation? _____

If such funds have been made available, by whom? _____

(In the event the boxer performs for another promoter or under another manager without the consent of the original promoter or manager who paid his transportation, such liability for return shall be cancelled.)

AFFIDAVIT OF APPLICANT:

I hereby certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. 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 440-36, Hawaii Revised Statutes). I further certify that I have read, understand, and agree to comply with the laws and rules of the State Boxing Commission of Hawaii.

Applicant's Signature

Date

REMARKS:

LEFT AND RIGHT THUMBPRINTS

The Commission **must** be notified promptly of any change in manager or terms of contract with manager. Failure to so notify the Commission may result in the suspension or revocation of this license.

Print Name of Applicant: _____

Date: _____

SUBMIT APPLICATION AND SUPPORTING DOCUMENTS:

Mail to:

State Boxing Commission of Hawaii
ATTN: Executive Officer
DCCA-PVLD
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to:

Dept. of Commerce & Consumer Affairs
Boxing Commission - Room 329
335 Merchant St.
Honolulu, HI 96813

Phone No.: (808) 586-2701

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: _____

Applicant's Signature

Date

This material can be made available for individuals with special needs. Please call (808) 586-2701 to submit your request.