

STATE BOXING
COMMISSION OF HAWAII

APPLICATION FOR
SECOND'S LICENSE

FEE \$89 (\$19 + \$50 CRF + \$20 Exam)

(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: \$89 (must accompany application).

Two photographs required, passport size, full face,
without a hat.

The granting of a Second's License does NOT
entitle one to act as Manager.

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 Second.

Name (Full Legal Name): _____

Ring name or AKA: _____

Home Address: _____ City: _____

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

Social Security No. _____ Age: _____ Phone (Bus/Cell): _____

Date of Birth: _____ Place of Birth: _____

Citizen of: _____ Occupation: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Experience and qualifications: _____

Have you any financial interest in any boxer? _____

If so, whom? _____ and how many? _____

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

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

Have you ever had or been diagnosed as having any mental disorder or disability? _____. If "Yes", please explain below.

(CONTINUED ON PAGE 2)

Print Name of Applicant: _____

Date: _____

ALL APPLICANTS WILL FURNISH THREE REFERENCES

NAME	ADDRESS	CITY OR TOWN	OCCUPATION

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

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.