

**STATE BOXING
COMMISSION OF HAWAII**

**RENEWAL OF
APPLICATION FOR LICENSE**

**NOT FOR BOXERS
(FILE NEW APPLICATION EACH YEAR)**

INSTRUCTIONS

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

Fee must accompany application.

Two photos must accompany application, regular passport size, full face, without hat, if none previously submitted.

APPLICATION RECORD	Date Received
	Photos
	Date Approved
	License No.

CONTESTANT'S FEES

Each person who is an applicant for a license shall, before a license is issued by the Commission, and annually thereafter during the life of such license, pay to the Commission a license fee as follows. Such licenses may be revoked by the Commission upon such cause as the Commission shall deem sufficient.

PHYSICIANS	\$47.00 + \$50.00 CRF = \$97.00
SECONDS	\$19.00 + \$50.00 CRF = \$69.00
TIMEKEEPERS	\$19.00 + \$50.00 CRF = \$69.00
MATCHMAKERS	\$28.00 + \$50.00 CRF = \$78.00
JUDGES	\$47.00 + \$50.00 CRF = \$97.00
MANAGERS	\$95.00 + \$50.00 CRF = \$145.00
REFEREES	\$95.00 + \$50.00 CRF = \$145.00

ATTACH appropriate amount made payable to: **COMMERCE & CONSUMER AFFAIRS.** (check must be in U.S. dollars and be from a U.S. financial institution)

The undersigned, having paid the legal fee as required by law, hereby makes application for a renewal license as:

Name: _____

Home Address: _____ City: _____

State or Country: _____ Zip Code: _____

Phone (Res): _____ Phone (Bus/Cell): _____

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

(CONTINUED ON PAGE 2)

Print Name 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: _____

Applicant's Signature

Date