

**INSTRUCTIONS**

All applications **must** be in ink or typewritten.  
Total Fee: \$165 (must accompany application)  
Two photos must accompany application, regular passport size, full face, without hat.

**STATE BOXING  
COMMISSION OF HAWAII**

**APPLICATION FOR  
MANAGER'S LICENSE**

**FEE \$165 (\$95 LICENSE + \$50 CRF + \$20 EXAM)**

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

<b>APPLICATION RECORD</b>	Date Received
	Photos
	Date Approved
	License No.

Date: \_\_\_\_\_

The undersigned, having paid the legal fee as required by law, hereby makes application for license as a Manager for the calendar year

\_\_\_\_\_.  
Name (Full legal name): \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Res): \_\_\_\_\_ Citizen of: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone (Bus/Cell): \_\_\_\_\_

Was any boxer under your management or training ever disqualified in a ring contest for any cause? \_\_\_\_\_

If so, state particulars \_\_\_\_\_

Were you ever a professional boxer? \_\_\_\_\_ Ring Name: \_\_\_\_\_

Were you ever denied a license or suspended by any Commission? \_\_\_\_\_ If so, state particulars \_\_\_\_\_

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 any financial interest in any club, corporation, association or organization conducting boxing contests in this State or any other place?

Do you intend to purchase or become associated in any way with any one club, corporation, association or organization conducting boxing contests in this State or any other place?

Have you, or do you intend to align yourself with only one club, corporation, association or organization conducting boxing contests in this State or any other place?

In the event this application is approved, when do you intend to exercise such privileges afforded you as manager? (Note: License may be cancelled if not exercised within six consecutive months after issuance.)

Have you ever had or been diagnosed as having any mental disorder or disability? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**LEFT AND RIGHT THUMBPRINTS:**

(CONTINUED ON PAGE 2)

Print Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

NAME OF BOXERS PRESENTLY UNDER YOUR CONTROL:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF BOXERS PREVIOUSLY UNDER YOUR CONTROL:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL APPLICANTS WILL FURNISH FIVE REFERENCES (Three in boxing, two not connected with boxing.)**

Name	Street and Number	City or Town	Occupation
1.			
2.			
3.			
4.			
5.			

**ALL APPLICANTS - STATE EXPERIENCE AND QUALIFICATIONS (Use separate sheet if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

**- NOTICE -**

- Copies of all contracts with professional boxers under management of manager must be submitted with this application.
- Failure on the part of the manager to promptly notify the Commission of any additional or new contracts with professional boxers within the term of this License may result in the suspension or revocation of his license.

(CONTINUED ON PAGE 3)

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.