

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.

**STATE BOXING
COMMISSION OF HAWAII**

APPLICATION FOR LICENSE

APPLICATION RECORD	Date Received
	Photos
	Date Approved
	License No.

CONTESTANT'S FEES											
<p>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.</p>	<table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">PHYSICIANS</td> <td style="padding-left: 20px;">\$47.00 + \$50.00 CRF = \$97.00</td> </tr> <tr> <td style="padding-left: 20px;">TIMEKEEPERS</td> <td style="padding-left: 20px;">\$19.00 + \$50.00 CRF = \$69.00</td> </tr> <tr> <td style="padding-left: 20px;">MATCHMAKERS</td> <td style="padding-left: 20px;">\$28.00 + \$50.00 CRF = \$78.00</td> </tr> <tr> <td style="padding-left: 20px;">JUDGES</td> <td style="padding-left: 20px;">\$47.00 + \$50.00 CRF + \$20 Exam = \$117.00</td> </tr> <tr> <td style="padding-left: 20px;">REFEREES</td> <td style="padding-left: 20px;">\$95.00 + \$50.00 CRF + \$20 Exam = \$165.00</td> </tr> </table>	PHYSICIANS	\$47.00 + \$50.00 CRF = \$97.00	TIMEKEEPERS	\$19.00 + \$50.00 CRF = \$69.00	MATCHMAKERS	\$28.00 + \$50.00 CRF = \$78.00	JUDGES	\$47.00 + \$50.00 CRF + \$20 Exam = \$117.00	REFEREES	\$95.00 + \$50.00 CRF + \$20 Exam = \$165.00
PHYSICIANS	\$47.00 + \$50.00 CRF = \$97.00										
TIMEKEEPERS	\$19.00 + \$50.00 CRF = \$69.00										
MATCHMAKERS	\$28.00 + \$50.00 CRF = \$78.00										
JUDGES	\$47.00 + \$50.00 CRF + \$20 Exam = \$117.00										
REFEREES	\$95.00 + \$50.00 CRF + \$20 Exam = \$165.00										

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 license as:

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

Home Address: _____ City: _____

State or Country: _____ Zip Code: _____

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

Date of Birth: _____ Age: _____ Citizen of: _____

Place of Birth: _____

Occupation: _____

APPLICANTS FOR REFEREE'S/JUDGE'S LICENSE - ANSWER THE FOLLOWING QUESTIONS:

Are you engaged in other business? _____ If so, what? _____

Give names of Clubs, Organization or Associations that you have officiated at during the past year: _____

APPLICANTS FOR PHYSICIAN'S LICENSE - ANSWER THE FOLLOWING QUESTIONS:

Graduate of (Medical School): _____ Year: _____

_____ years in active practice _____ years in active practice at _____

Hawaii Physician's License No.: _____

(CONTINUED ON PAGE 2)

Print Name of Applicant: _____

Date: _____

APPLICANTS FOR TIMEKEEPERS/ANNOUNCER LICENSE - ANSWER THE FOLLOWING QUESTIONS:

Give name of Club, Organization or Associations that you have acted as Timekeeper/Announcer for during the past year:

ALL APPLICANTS WILL FURNISH THREE REFERENCES (PLEASE PRINT)

NAME	ADDRESS	CITY/STATE	PHONE NO. (Include Area Code)	OCCUPATION

ALL APPLICANTS - STATE EXPERIENCE AND QUALIFICATIONS (please print and use separate sheets 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

SUBMITTING 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 3)

Print Applicant Name: _____

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