

MISSISSIPPI ATHLETIC COMMISSION

The Undersigned, having paid for the legal fee of \$25 as provided in the Mississippi Athletic Commission's rules and regulations hereby makes application for license as a professional boxer.

Legal Name _____

SSN: _____ Birth Date _____ Phone _____

Address _____

City _____ State _____ Zip _____ Email _____

American Citizen _____ Occupation _____

Weight _____ Height _____ Age _____

Name of manager _____

Was applicant ever penalized or disciplined by any boxing commission? _____

Has applicant ever been convicted for a felony violation of the law? _____ If yes, explain:

Have you ever tested positive for HIV or hepatitis? _____

Have you ever had a head injury that required medical attention? _____

Professional Record _____ Amateur Record _____

If 1st bout how long have you trained? _____ Trainers Name _____

If granted this license I agree to obey the rules and regulations of the Mississippi Athletic Commission and observe them in their entirety.

I, the undersigned, do hereby certify that the above information is correct to the best of my knowledge.

This the _____ day of _____, 20_____.

Signature Legal Name

<p>Approved By: _____</p> <p>Payment Method: _____</p> <p>License Number: _____</p>
