

Michigan Department of Licensing and Regulatory Affairs
Corporations, Securities & Commercial Licensing Bureau
Schools and Licensing Section
P.O. Box 30018, Lansing, MI 48909
517-241-9221
www.michigan.gov/ucc

FOR OFFICE USE ONLY	
Approved By:	
Date Approved:	
License Number	

APPLICATION FOR BOXING OR MMA JUDGE, TIMEKEEPER OR REFEREE LICENSE OR RELICENSURE

AUTHORITY: 2015 PA 183, MCL 338.3434(A), AND 42 USC 654
PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Name (First, Middle, Last)		Date of Birth	Permanent ID # (if applicable)	US Social Security Number
Address			City	
State	Zip Code	Telephone Number	E-Mail Address	

FEE PAYMENT INFORMATION (Check One Box)			FOR OFFICE USE ONLY	FOR OFFICE USE ONLY - VALIDATION
Judge:	Boxing	MMA		
New License		Fee: \$100.00	(1522-01=\$ 30.00) (1522-07=\$ 70.00)	
Relicensure		Fee: \$130.00	(1522-06=\$ 130.00)	
Reinstatement*		Fee: \$30.00	(1522-50=\$ 30.00)	
Timekeeper:	Boxing	MMA		
New License		Fee: \$100.00	(1524-01=\$ 30.00) (1524-07=\$70.00)	
Relicensure		Fee: \$130.00	(1524-06=\$ 130.00)	
Reinstatement*		Fee: \$30.00	(1524-50=\$ 30.00)	
Referee:	Boxing	MMA		
New License		Fee: \$180.00	(1523-01=\$ 30.00) (1523-07=\$150.00)	
Relicensure		Fee: \$210.00	(1523-06=\$ 210.00)	
Reinstatement*		Fee: \$30.00	(1523-50=\$ 30.00)	
*Only if the license is currently suspended or revoked.				
Make your check or money order in U.S. Currency payable to:				
STATE OF MICHIGAN				
FEES ARE AUTHORIZED UNDER 2015 PA 183				

If applying for judge's or referee's license, have you passed a physical examination performed by a licensed physician, a licensed physician's assistant, or a certified nurse practitioner?

Yes No

Have you ever been convicted of a felony you have not previously reported to the Department for this license type or occupation?

Yes No

Do you have any unsatisfied penalties and conditions imposed by disciplinary action in this state or any other jurisdiction? (relicensure only)

Yes No

Certification:

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434(a), that the information will be used for purposes of identification and to minimize occupational license fraud.

Signature

Date