CSCL/UCC-035 (10/18) Page 1

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: 2004 PA 403, as amended, 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	te of Birth Permanent ID # (if applicab		US Social Security Number
Address			City			1
State	Zip Code Telephone Nun		ber	E-Mail	Address	
FEE PAYMENT II	NFORMATION (Chec	k One Box)	FOR OFFICE	USE ONLY	FOR OFFICE	USE ONLY - VALIDATION
Judge:	Boxing MI	MA				
New License		Fee: \$100.00		=\$ 30.00) =\$ 70.00)		
Relicensure		Fee: \$130.00	(1503-06=\$	130.00)		
Reinstatement*		Fee: \$30.00	(1503-50=	\$ 30.00)		
Timekeeper:	Boxing M	1MA				
New License	-	Fee: \$100.00		=\$ 30.00) '=\$70.00)		
Relicensure		Fee: \$130.00	(1513-06=	\$ 130.00)		
Reinstatement*		Fee: \$30.00	(1513-50=	\$ 30.00)		
Referee:	Boxing M	1MA				
New License		Fee: \$180.00	(1511-07 (1511-07	1=\$ 30.00) 7=\$150.00)		
Relicensure		Fee: \$210.00	(1511-06=	\$ 210.00)		
Reinstatement*		Fee: \$30.00	(1511-50=	\$ 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 AUTHORIZ					

If applying for reference nurse practitioner?	ee's license, have you pa	sed a physical examination performed by a licensed physician, a licensed physician's assistant, or a certified
Yes	No	
,	•	fair, honest and open manner. If I have had a judgment of guilt in a criminal proceeding or a civil action against y former offense is not reasonably related to the occupation or profession for which I am seeking a license.
Yes	No	
Do you have any ur	nsatisfied penalties and c	anditions imposed by disciplinary action in this state or any other jurisdiction?
Yes	No	
Certification:		
denial of my applica	ation, disciplinary action,	are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for or may be punishable by law. I agree the Department is required by law to obtain my social security number ation will be used for purposes of identification and to minimize occupational license fraud.
Signature		Date