



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

AUTHORITY: 2004 PA 403, as amended, MCL 338.3434a, 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	
Judge:	Boxing	MMA		License Number		
	New License	Fee: \$100.00		(1503-01=\$30.00) (1503-07=\$70.00)	Approved By:	Date Approved:
	Relicensure	Fee: \$130.00		(1503-06=\$130.00)		
	Reinstatement*	Fee: \$30.00	(1503-50=\$30.00)			
Timekeeper:	Boxing	MMA				
	New License	Fee: \$100.00		(1513-01=\$30.00) (1513-07=\$70.00)		
	Relicensure	Fee: \$130.00		(1513-06=\$130.00)		
	Reinstatement*	Fee: \$30.00	(1513-50=\$30.00)			
Referee:	Boxing	MMA				
	New License	Fee: \$180.00		(1511-01=\$30.00) (1511-07=\$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 AUTHORIZED UNDER 2004 PA 403, as amended.						

If applying for 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

I have the ability and will serve the public in a fair, honest and open manner. If I have had a judgment of guilt in a criminal proceeding or a civil action against me, I am rehabilitated, or the substance of my former offense is not reasonably related to the occupation or profession for which I am seeking a license.

Yes No

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

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 338.3434a, that the information will be used for purposes of identification and to minimize occupational license fraud.

Signature

Date