



Ministry of Consumer Services

Office of the Athletics Commissioner
5775 Yonge Street, Suite 1500
Toronto ON M7A 2E5

Please check off which of the following applies to you (Please check one box only):

- Licence Application (For all classes of licences under the Athletics Control Act for residents of Ontario)
Event Permit Application (For all classes of licences under the Athletics Control Act for non-residents of Ontario)

- Boxer, Kickboxer, Manager, Matchmaker, MMA Fighter, Official, Other, Second, Event

Licence Number

All Licence Applicants Complete

Form with fields for: Last Name, First Name, Unit/Suite/Apt., Street Number, Street Name, PO Box, City/Town/Municipality, Province, Postal Code, Telephone Number, Height, Weight, Eye Colour, Hair, Distinguishing marks, etc., Occupation and Employer, Contact name in case of emergency, Relationship, Telephone Number, Address if different from above, Do you hold a valid boxing/MMA related licence in any other jurisdiction?, Name of Issuing Authority, Address of Issuing Authority, Type of Licence, Licence Number, Expiry Date, Have you ever been disciplined by a boxing/MMA authority?, Authority, Allegation, Result, Have you ever been charged or convicted of a criminal offence in any jurisdiction?, Date, Offence, Result

CURRENT PASSPORT PHOTO

Complete for Fighter's Licence Only

Ring Name

Are you currently a member of a boxing/MMA club or boxing/MMA organization?

 Yes No

If "Yes", provide details:

Name of the Club or Organization

Address

How long have you been boxing? / Type of Discipline (Martial Arts) / Rank Achieved

List your contest record as an amateur: Won

Lost

Draw

List your contest record as a professional: Won

Lost

Draw

Date and location of every contest during past 12 months. (Include exhibition training contests starting with most recent)
(if space insufficient attach list)

Date (yyyy/mm/dd)

Location

Date (yyyy/mm/dd)

Location

Date (yyyy/mm/dd)

Location

Date (yyyy/mm/dd)

Location

Date (yyyy/mm/dd)

Location

Date of last loss by T.K.O. or K.O. (yyyy/mm/dd)

Location of last loss by T.K.O. or K.O.

Name of Manager

Telephone Number

Address of Manager

Name of Agent

Telephone Number

Address of Agent

Do you have any financial interest in any corporation promoting boxing/MMA in this Province or any other jurisdiction?

 Yes No

If "Yes", provide details:

Does any promoter or corporation have any financial interest in your earnings as a fighter?

 Yes No

If "Yes", provide details:

Date of last medical examination (yyyy/mm/dd)

Physician's Name

Physician's Address

List injuries or illnesses since last medical examination

I hereby authorize the Ontario Athletics Commissioner or his/her representative to access any of my previous medical records. Further, I agree to submit to blood tests and urinalysis when requested and any medical examination, neurological/psychometric evaluation required in connection with this licence application and any contest during the currency of my licence.

Signature of Applicant

Date (yyyy/mm/dd)

Complete for Official's Licence Only

Do you have any officiating experience?

 Yes

 No

If "Yes", provide details:

Do you have ring experience as

Boxer / Fighter Yes No

Second Yes No

Manager Yes No

Trainer Yes No

List by date, subject study, and location of any courses, clinics etc. you have attended related to officiating

Date (yyyy/mm/dd)	Subject study	Location
Date (yyyy/mm/dd)	Subject study	Location
Date (yyyy/mm/dd)	Subject study	Location
Date of last medical examination	Physician's Name	Physician's Address

I hereby authorize the Athletics Commissioner or his / her representative to access any of my previous medical records and I agree to submit to any medical examination in connection with this application or during the currency of any subsequent licence at the discretion of the Athletics Commissioner or his / her representative.

Signature of Applicant

Date (yyyy/mm/dd)

Complete for Manager's Licence Only

List name(s) and address(es) of boxer(s) / fighter(s) you currently manage:

Name(s)	Address(es)
1.	
2.	
3.	
4.	

List name(s) and address(es) of boxer(s) / fighter(s) you have managed during past 3 years (exclude current boxer(s) / fighter(s)):

Name(s)	Address(es)
1.	
2.	
3.	
4.	

Complete for Event Licence Only

List all events you have been involved with during past 12 months, starting with the most recent

Date (yyyy/mm/dd)	Location
Date (yyyy/mm/dd)	Location
Date (yyyy/mm/dd)	Location
Date (yyyy/mm/dd)	Location

Name(s) and address(es) of bank reference(s)

Bank	Branch	Address
Manager	Telephone Number (include Area Code)	
Bank	Branch	Address
Manager	Telephone Number (include Area Code)	

List any writs or judgements in any jurisdiction outstanding against you, including the name(s) of the plaintiff(s), the amount(s), jurisdiction, and date(s)

Name of the Plaintiff	Amount	Jurisdiction	Date (yyyy/mm/dd)

Place of Show (Building)			Date (yyyy/mm/dd)	Time of Show
Unit No.	Street No.	Street Name	PO Box	
City/Town			Province	Postal Code
Name of Building Owner/Manager				Telephone No. (including area code)

Seating Capacity of _____ persons. Anticipated ticket sales of _____ tickets.

Anticipated No. of _____ match(es) on the card for total purse(s) of \$ _____.

Note: 1. Letter of undertaking as to availability of building on date and time shown above required from building owner/manager.

2. Deposit equal to sum of purse(s) and officials fees required at least 21 days prior to event.

I hereby authorize the Athletics Commissioner or his/her representative to make any credit enquiry in connection with this application.

Signature of Applicant	Date (yyyy/mm/dd)
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All Licence Applicants Complete

The personal information that you have provided to us to enable us to respond to your inquiry will only be used for that purpose. You will not be placed on any mailing lists, nor will your information be released to any third party, except as may be authorized by law. The authority for obtaining this information from you complies with section 38(2) of the *Freedom of Information and Protection of Privacy Act*. The public official who can answer questions about the collection of this information is the Athletics Commissioner, Ministry of Consumer Services, 5775 Yonge Street, Suite 1500, Toronto ON M7A 2E5, Telephone: 416 314-3630.

I hereby authorize the Athletics Commissioner or his / her representative to transmit any information contained in this application, or in any document required to be filed herewith, to any authority connected to the regulation of boxing / MMA. Further, I acknowledge that false, inaccurate or incomplete information provided in this application may be cause to refuse to issue, or cancel a licence at any time.

Signature of Applicant	Date (yyyy/mm/dd)
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