



## APPLICATION FOR LICENSE Second/Manager/Matchmaker/Asst. Matchmaker

Unless otherwise indicated, all items in this application are mandatory. If not applicable, use N/A. Failure to provide any of the requested information will delay the processing of your application

<b>Application Fees:</b> Second - \$50 Manager - \$150 Matchmaker - \$200 Asst. Matchmaker - \$200  <b>APPLICATION FEE IS NON-REFUNDABLE</b>	<i>For Office Use Only</i>  Receipt # _____  Date Cashiered: _____	<i>For Office Use Only</i>     <b>Date Received</b>
----------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------	--------------------------------------------------------------------

### SECTION 1: PERSONAL INFORMATION

<b>First Name</b>		<b>Middle Name</b>		<b>Last Name</b>	
<b>SSN/ITIN</b>	<b>Date of Birth</b>	<b>Telephone Number</b> (   ) -		<b>Email Address</b>	
<b>Residence Address</b>		<b>City</b>	<b>State</b>		<b>Zip</b>
<b>Mailing Address (if different from Residence)</b>		<b>City</b>	<b>State</b>		<b>Zip</b>

### SECTION 2: APPLICATION TYPE

<b>Application type:</b> ORIGINAL: <input type="checkbox"/> RENEWAL: <input type="checkbox"/>	
<b>Check Appropriate Box</b>	<b>Submit application with the following:</b>
<input type="checkbox"/> <b>Second</b>	\$50 licensing fee and two passport sized photograph emailed to <a href="mailto:csac@dca.ca.gov">csac@dca.ca.gov</a>
<input type="checkbox"/> <b>Manager</b>	\$150 licensing fee, completed LiveScan Form BCII 8016, two passport sized photograph emailed to <a href="mailto:csac@dca.ca.gov">csac@dca.ca.gov</a>
<input type="checkbox"/> <b>Matchmaker</b>	\$200 licensing fee, completed LiveScan Form BCII 8016, two passport sized photograph emailed to <a href="mailto:csac@dca.ca.gov">csac@dca.ca.gov</a>
<input type="checkbox"/> <b>Asst. Matchmaker</b>	Asst. Matchmaker- \$200 licensing fee, completed LiveScan Form BCII 8016, two passport sized photograph emailed to <a href="mailto:csac@dca.ca.gov">csac@dca.ca.gov</a>

### SECTION 3: REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA STATUS

Business and Professions Code section 135.4 provides that the Commission must expedite, and may assist, the initial licensure process for certain applicants described below.	
Have you been admitted to the United States as a refugee pursuant to United States Code, title 8, section 1157?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Have you been granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to United States Code, title 8, section 1158?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Do you have a special immigrant visa that has been granted a status pursuant to Public Law 110-181, section 1244, Public Law 109-163, or Public Law 111-8, division F, title VI, section 602(b) (relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government)?	<input type="checkbox"/> NO <input type="checkbox"/> YES

SECTION 4: MILITARY QUESTIONS	
1. Have you served, or are you currently serving, in the U.S. Armed Forces?	<input type="checkbox"/> NO <input type="checkbox"/> YES
2. Are you requesting expediting of this application for honorable discharged members of the U.S. Armed Forces?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<i>Must supply satisfactory evidence of being honorably discharged from being an active duty member of the U.S. Armed Forces.</i>	
3. Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the U.S. Armed Forces?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<i>Must supply satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the U.S. Armed Forces who is assigned to a duty station in California under official orders, and a current license in another U.S. licensing jurisdiction.</i>	
4. Pursuant to <a href="#">Business and Professions Code Section 115.4</a> , beginning July 1, 2024, the Commission shall expedite the initial licensure process for an applicant who is an active duty member of the US Armed Forces and enrolled in the US Department of Defense SkillBridge program. Do you request expediting of your application under this authority? (If you select YES, you must attach documentation of enrollment to this application.)	<input type="checkbox"/> NO <input type="checkbox"/> YES

SECTION 5: FINANCIAL INTEREST	
1. Do you have a financial interest in any club/promoter, corporation, organization, or association conducting boxing, martial arts, or exhibitions? If yes, please list names of club/promoter, corporation, organization, or association: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES
2. Do you have a financial interest in any boxer or martial arts fighter? If yes, please give name(s) and explain: _____ _____	<input type="checkbox"/> NO <input type="checkbox"/> YES

1. If you are now or have ever been licensed by the California State Athletic Commission, another athletic commission, or any similar governmental authority, provide the following information for each license, listing the most recent first:			
<b>TYPE OF LICENSE</b>	<b>DATE(S)</b>	<b>STATE/OTHER COMMISSION/ GOVERNMENTAL AUTHORITY</b>	
_____	_____	_____	
_____	_____	_____	
2. Has your license ever been suspended, revoked or fined by the California State Athletic Commission, another athletic commission or any similar governmental authority? <input type="checkbox"/> NO <input type="checkbox"/> YES			
If YES, provide the following information:			
<b>TYPE OF LICENSE</b>	<b>ACTION TAKEN</b>	<b>REASON FOR ACTION</b>	<b>DATE(S)</b>
_____	_____	_____	_____
_____	_____	_____	_____
3. Is there a pending investigation or disciplinary action against you by the California State Athletic Commission, another athletic commission or any similar governmental authority? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, provide the following information:			
<b>OFFENSE</b>	<b>DATE OF OFFENSE</b>	<b>GOVERNMENT AUTHORITY</b>	<b>HEARING DATE(S)</b>
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION 7: BACKGROUND INFORMATION**

1. Have you ever used any other name(s)?  NO  YES If yes, list name(s): \_\_\_\_\_

2. Have you ever been disqualified in any competition?  NO  YES If yes, please explain: \_\_\_\_\_

3. The Commission is required to review the applicant's criminal history record for licensure. Although not required, you may submit information to the Commission regarding any criminal conviction entered against you. The following is provided for your convenience, but this information is not required. You may attach additional documentation regarding a criminal conviction or rehabilitation evidence for the Commission's consideration.

OFFENSE	DATE OF OFFENSE	CITY, STATE, COUNTRY	HEARING/TRIAL DATE(S)
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION 8: EXPERIENCE**

List experience and qualifications pursuant to Commission Rule 218:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Matchmaker Applicants Only – Give details of financial agreements with your promoter/club; state whether you receive a salary or percentage of net profit or gate receipts. If you are under contract to a promoter/club, submit a copy of the contract.

\_\_\_\_\_

\_\_\_\_\_

**SECTION 9: EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SECTION 10: DECLARATION**

I declare under penalty of perjury under the laws of the State of California, that I have read the foregoing application for license and that all the answers given are my own. I further declare that all the answers are true. I understand that any misstatement of material fact in this application will constitute grounds for denying or revoking the license.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make a check or money order for the application fee out to the California State Athletic Commission and mail it with this application and the required documents to:

**California State Athletic Commission  
2005 Evergreen St.  
Suite 2010  
Sacramento, CA 95815**

---

## DISCLOSURES

**Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) Disclosure:** Providing your SSN or ITIN is mandatory, and collection of this information is authorized by Business and Professions Code (BPC) sections 30 and 31. Your SSN or ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520, for verification of licensure, and for enrollment in and reporting and crediting the licensee's Fund payments made to the Professional Boxer's Pension Plan pursuant to BPC sections 18880 et seq. and CCR, title 4, section 402, subsection (b). If you fail to disclose your SSN or ITIN number, your license application will not be processed AND you will be reported to the Franchise Tax Board (FTB), which may assess a penalty against you. Pursuant to BPC section 31, subdivision (e), the California Department of Tax and Fee Administration and FTB may share taxpayer information with the Commission; each licensee is required to pay the licensee's state tax obligation, and the license may be suspended if the state tax obligation is not paid.

**Possible Disclosure of Personal Information:** The Commission makes every effort to protect the personal information you provide. The information you provide may also be disclosed in the following circumstances, according to the provisions of BPC sections 27 and 30 and Civil Code section 1798.24:

- In response to a California Public Records Act (Government Code section 7920.000 et seq.) request, as allowed by the Information Practices Act (Civil Code section 1798 et seq.);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

**Access to Your Information:** You may review the records maintained by the Commission that contain your personal information, as permitted by the Information Practices Act (Civil Code section 1798 et seq.). See below for contact information.

**Contact Information** The Executive Officer of the Commission is responsible for maintaining the information in this application, and may be contacted at 2005 Evergreen Street, Suite 2010, Sacramento, CA 95815, (916) 263-2195 regarding questions about this notice or access to records. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Office of Privacy Protection, 1625 North Market Blvd, Sacramento, CA 95834, (866) 785-9663, or email [privacy@dca.ca.gov](mailto:privacy@dca.ca.gov).

### ADDITIONAL RESOURCES

For more information on license application, please go to the Commission's webpage at:  
<https://www.dca.ca.gov/csac/applicants/index.shtml>.

For more information on Professional Boxer's Pension Plan, please go to the Commission's webpage at:  
[https://www.dca.ca.gov/csac/forms\\_pubs/publications/pension.shtml](https://www.dca.ca.gov/csac/forms_pubs/publications/pension.shtml).

For more information on the Dangers of Cutting Weight and Dehydrating, please go the Commission's webpage at:  
[https://www.dca.ca.gov/csac/forms\\_pubs/publications/dehydration.pdf](https://www.dca.ca.gov/csac/forms_pubs/publications/dehydration.pdf).



## THE DANGERS OF CUTTING WEIGHT AND DEHYDRATING



Unhealthy and dangerous weight loss practices continue to be a serious problem in combat sports. One recent study found that 39% of MMA fighters were entering competition in a dehydrated state. Heat illness and death in athletes have already happened in the sports of wrestling and MMA. It's been shown that excessive weight loss, rapid weight loss, and repeated cycling of weight gain/loss causes decreased performance, hormonal imbalance, decreased nutrition, and increased injury risk. Other life-threatening problems associated with improper weight loss and dehydration include:

- **Decreased Muscle Strength and Endurance:** Decreased blood flow to muscles makes them work less well.
- **Decreased Heart and Cardiovascular Function:** The heart works harder *and* less efficiently.
- **Reduced Energy Utilization, Nutrient Exchange and Acidosis:** With decreased blood flow to tissues, nutrients don't get delivered, and the body's waste products do not get removed as well. A buildup of acid occurs which changes cells' functions in the body.
- **Heat Illness:** This takes on four forms: heat cramps, heat syncope (loss of consciousness), heat exhaustion, and heat stroke (which may be fatal). Dehydration results in decreased blood flow to skin and muscles. This is followed by decreased ability to regulate body temperature. The ability to sweat becomes impaired and core body temperature can rise. This increases the threat of all of these to poorly hydrated athletes doing strenuous workouts.
- **Decreased Kidney Function:** Dehydration leads to decreased kidney blood flow and decreased kidney function. This contributes to the problems listed in the points here, in addition to decreased urine output, concentrated urine, and leakage of protein into the urine. (It is not known if these changes can result in permanent kidney damage.)
- **Electrolyte Problems:** Decreased kidney function results in imbalances of electrolytes such as unhealthy increases in potassium and sodium.
- **Mood Swings and Mental Changes:** All of the above contribute to increased mood swings, poor concentration and focus, disorientation and other mental changes.
- **Eye Trouble:** Dehydration can cause blurred vision and dry eyes.
- **Increased Risk of Brain Injury:** There are likely increased risks of brain bleeding and concussion.

### ***DON'T:***

- Don't use extreme methods for making weight such as excessive heat methods (rubberized suits, steam rooms, saunas), excessive intense bouts of exercise, vomiting, laxatives and diuretics.
- Don't use dehydration as a mainstay of making weight. In addition to the above, it puts you at risk of improper rehydration techniques — when, in reality, proper re-hydration takes several hours to days. (Many cases of intravenous fluids being used for rehydration after weigh-ins have been reported – this is a doping violation with several organizations.)

### ***DO:***

- Commit to year-round proper diet and training for proper weight control and body composition.
- By maintaining your weight year round near an appropriate competition weight and not competing in a weight class outside your appropriate weight class you will help avoid large swings in weight.
- Maintain a good state of hydration by drinking fluid throughout the day and staying hydrated during workouts.
- Follow nutritional programs that meet your needs for adequate amounts of calories from a balanced diet high in healthy carbohydrates, the minimum requirement of fat, and appropriate amounts of protein.
- Be wary of nutritional supplements as they are not regulated by the FDA and some have been shown to be harmful.

For more information visit: [www.associationofringsidephysicians.org](http://www.associationofringsidephysicians.org)