



## SUSPENSION REQUEST FORM PROMOTER SUBMISSION

Unless otherwise indicated, all items listed on this form are mandatory. If not applicable, use N/A. Failure to provide any of the requested information will delay the processing of your request or may result in an immediate denial of your request

<i>For Office Use Only</i>  <b>Documentation Complete:</b> Yes                      No Fighter Notified On: _____  Additional Info Requested: _____	<i>For Office Use Only</i>  Date Received: _____  Analyst Name: _____	<i>For Office Use Only</i>  <b>Recommendation:</b> <b>Approve</b> <b>Deny</b> <b>Modify</b>
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### SECTION 1: PROMOTER INFORMATION

Promotion Name:	Contact Person:	Role in the Promotion:
Telephone Number (    ) -    -	Email Address	
Event Date:	Event Venue:	Event City:

### SECTION 2: ATHLETE INFORMATION

Athlete Name:	Federal or National MMA ID Number:	Contracted Weight:
Telephone Number (    ) -    -	Email Address	

### SECTION 3: TYPE OF VIOLATION (SELECT ONE OR MORE)

Check Appropriate Box	Submit suspension request form with the following:
<input type="checkbox"/> <b>Breach of Contract</b>	You must submit the signed bout contract AND any other relevant information and documents that support your claim.
<input type="checkbox"/> <b>Failure to Make Weight</b>	You must submit the signed bout contract, the weight the athlete was at weigh-ins, and if the athlete informed the Promotion prior to the weigh-ins that they would not be able to make the contracted weight.
<input type="checkbox"/> <b>No-show to Event</b>	Provide timeline and any communications from the athlete regarding their failure to report to the event.
<input type="checkbox"/> <b>Other</b>	Relevant information and documents that support your claim.

**SECTION 4: INCIDENT DESCRIPTION**

Provide a factual summary of the incident including dates, times, communications, and any attempts to resolve the issue. Attach additional pages if more space is needed.

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**SECTION 5: SUPPORTING DOCUMENTATION CHECKLIST**

1. Signed bout contract	<input type="checkbox"/> Attached
2. Receipts for medicals, travel, etc.	<input type="checkbox"/> Attached
3. Communications (texts, emails, etc.)	<input type="checkbox"/> Attached
4. Any additional evidence relevant to the request (explain the relevance) <hr/> <hr/>	<input type="checkbox"/> Attached

**SECTION 6: REQUESTED DISCIPLINARY ACTION**

1. Suspension (specify requested length) and explanation for the requested length:  

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2. Monetary amount requested (must provide receipts):  

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3. Other:  

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**SECTION 7: DECLARATION**

I certify that the information provided is true and correct and that the request is made in good faith based on the documentation provided to the Commission.

**Promoter Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_