



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
260 NORTH 3rd Street
HARRISBURG, PA 17110

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Executive Director

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***Amateur (MMA) experience Form (Must be completed by Boxer's Trainer/Manager)**

By signing this form below you are certifying that _____ has, in
Name of Boxer
your judgement, the necessary skills to qualify and be licensed as an amateur (MMA) boxer in
this state?

You make this judgement based on the following: (circle all that apply)

* The above named Boxer has been training at your gym
If YES for how long _____

* Name and location of the GYM where this Boxer has trained:

* You have witnessed the above named Boxer spar and train and feel he/she is duly qualified

* You have first-hand knowledge of the above named Boxer's amateur experience
If YES -list the win/loss record of this Boxer: _____

What, if any relationship do you have with the above named boxer?

Do you hold any type of license with the Pennsylvania State Athletic Commission or any other
state/tribal Commission? If YES please list the type of license and Commission's name:

Trainer's /Manager's Name _____
(Please Print)

* By signing below I also verify that the above named Boxer has NEVER competed in any professional
contest in any form of contact sports.

Signature

Date

* This form MUST be completed for every amateur MMA Boxer who is competing for the first time in
Pennsylvania. This form MUST be presented to the Commission before the event.