



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
STATE ATHLETIC COMMISSION  
2601 NORTH 3<sup>rd</sup> Street  
HARRISBURG, PA 17110

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**\*Professional (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 a **professional (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 professional MMA Boxer who is taking part in their first professional contest. This form MUST be presented to the Commission before the event.