



State of New Jersey

OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
STATE ATHLETIC CONTROL BOARD
P.O. BOX 180
TRENTON, NJ 08625-0180

JON S. CORZINE
Governor

ANNE MILGRAM
Attorney General

TONY ORLANDO
Chairman

STEVEN KATZ
DENNIS McDONOUGH
Members

SYLVESTER E. CUYLER
Acting Commissioner

TO: PROFESSIONAL BOXING/KICKBOXING/MARTIAL ARTS MANAGERS AND SECONDS

FROM: Sylvester E. Cuyler
Acting Commissioner

RE: New Jersey Boxer/Kickboxer/Martial Arts Manager and Second
License Application
RENEWAL: July 1, 2008 through June 30, 2009

Enclosed are the annual requirements for license application as a **Professional Boxing/Kickboxing/Martial Arts Manager or Second in the State of New Jersey.**

To be licensed as an **Manager**, you must submit the following to this office:

1. Completed License Application Form
2. Check or money order in the amount of \$25.00, payable to the NJ State Athletic Control Board
3. Suggested: NJ Boxer-Manager Contracts (see managers note on reverse side of this document)

To be licensed as a **Second**, you must submit the following to this office:

1. Completed License Application Form
2. Check or money order in the amount of \$25.00 payable to the NJ State Athletic Control Board

NOTE: If you are applying for both Manager and Second licenses, please submit a check or money order in the amount of \$50.00, payable to the NJ State Athletic Control Board.

AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU, DELAYING ISSUE OF YOUR LICENSE AND FUTURE SHOW ASSIGNMENTS.

LICENSEES ARE REMINDED: You are subject to the requirements of State Athletic Control Board rules, provided by Chapter 46 of New Jersey's Administrative Code. Specific attention is directed to "Subchapter 23, Standards of Conduct". Subchapter 23 identifies financial interests that are prohibited and other financial interests that require prior disclosure to this office.



MANAGERS: The requirements of "Subchapter 12, Rules to Safeguard Health" also should be given particular attention. They include mandatory Medical Examinations needed by Professional Boxers to obtain a license to box in the State of New Jersey.

To reduce the cost for individual tests, the Board has obtained an agreement from Occupational Health, Bridgeton Health Center to provide medical testing at specific rates. For further information contact:

Occupational Health
Bridgeton Health Center, Ground Floor
333 Irving Avenue, Bridgeton, New Jersey 08302
Phone: 856.575.4835 (direct phone #)
Fax: 856.453.1218
E-Mail: piercej@sjhs.com

MANAGERS: You should also pay attention to "Subchapter 5, Boxers" and the subject of Boxer-Manager contracts within New Jersey. Submitting a valid Boxer-Manager contract to this office may avoid possible disputes or court action. **IMPORTANT: EFFECTIVE JUNE 15, 2004, ALL BOXER-MANAGER CONTRACTS SHALL BE EXECUTED AND SIGNED IN THE PRESENCE OF THE COMMISSIONER. IN ORDER TO HAVE THE CONTRACT RECOGNIZED, PLEASE SCHEDULE AN APPOINTMENT WITH THE COMMISSIONER.**

If there are any questions regarding your application, please contact this office at (609) 292-0317.

SEC/tg
Enclosures
REV: 01.2007



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December 12, 2007

Dear Applicant:

Please be advised that new procedures for obtaining a SACB license are being implemented. Please note and adhere to the directions below.

All application packets must be completed in full and received by New Jersey State Athletic Control Board office no later than 4:00 p.m. two days prior to the event. Application packets will consist of:

- an application
- a digital photo ID (driver's license or passport) e-mailed via jpeg or bitmap format (cannot be faxed)
- a signature in bold pen spanning the width of an 8.5 x 11 sheet of paper
- a digital "head shot" photo (cannot be faxed) and if e-mailed jpeg or bitmap format
- a check or money order covering all fees (made payable to N.J.S.A.C.B.)

Application packets can be submitted by e-mail (SACBLicensing@lps.state.nj.us), US mail, or in person at the Trenton office.

No license will be issued until all requirements are met.

Sincerely,

Sylvester E. Cuyler
Acting Commissioner
SACB

SEC/tg

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TELEPHONE: (609) 292-0317 FAX: (609) 292-3756

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****PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO N.J.S.A.C.B. ****

******NO CASH!******

NEW JERSEY STATE ATHLETIC CONTROL BOARD

LICENSE APPLICATION

P. O. Box 180

Trenton, New Jersey 08625-0180

Telephone: (609)292-0317 Office Fax: (609)341-5038 Medicals Fax: (609)292-3756

Check (✓) or Circle Type/s of License

CONTESTANT <input type="checkbox"/> Boxer \$5 <input type="checkbox"/> Kickboxer \$5 <input type="checkbox"/> Mixed Martial Artist \$5	MANAGER <input type="checkbox"/> Boxing \$25 <input type="checkbox"/> Kickboxing \$25 <input type="checkbox"/> Mixed Martial Arts \$25	SECOND <input type="checkbox"/> Boxing \$25 <input type="checkbox"/> Kickboxing \$25 <input type="checkbox"/> Mixed Martial Arts \$25	<input type="checkbox"/> Announcer \$25 <input type="checkbox"/> Timekeeper \$25 <input type="checkbox"/> Other \$ _____
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REFEREE <input type="checkbox"/> Boxing \$75 <input type="checkbox"/> Kickboxing \$75 <input type="checkbox"/> Mixed Martial Arts \$75	JUDGE <input type="checkbox"/> Boxing \$75 <input type="checkbox"/> Kickboxing \$75 <input type="checkbox"/> Mixed Martial Arts \$75	PROMOTER <input type="checkbox"/> Boxing \$300 <input type="checkbox"/> Kickboxing \$300 <input type="checkbox"/> Professional Mixed Martial Arts \$300 <input type="checkbox"/> Amateur Mixed Martial Arts \$300	MATCHMAKER <input type="checkbox"/> Boxing \$100 <input type="checkbox"/> Kickboxing \$100 <input type="checkbox"/> Mixed Martial Arts \$100 <input type="checkbox"/> Amateur Martial Arts \$100
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SECTION I (All Applicants) - Please Print

NAME: _____ AKA or ALIAS (Other Names Used): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

MAILING ADDRESS (complete if different from above) CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

TELEPHONE (Residence): () _____ TELEPHONE (Business): () _____ FAX#: () _____ E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY#: _____ HEIGHT: _____ WEIGHT: _____

SEX: MALE FEMALE CITIZENSHIP: _____ PLACE OF BIRTH: _____

Have you ever been convicted of a crime? If yes, explain: YES NO

Are you presently on any suspension list? If yes, explain: YES NO

Have you ever been disqualified in any contest or disciplined for your actions during a contest? YES NO
If yes, explain: _____

Has any license you've held been revoked? If yes, please explain: YES NO

List all other Athletic Commissions in which you are licensed:

SECTION II (Boxer's, Kickboxer's & Mixed Martial Artist Only) - Please Print

Have you ever been hospitalized due to an injury suffered in any contest? If yes, explain: YES NO

Do you have any current medical conditions? If yes, please explain: YES NO

Do you have a manager? If yes, provide name, address & telephone number: YES NO

Name: _____ Address: _____ Telephone No: (____) _____

Have you had amateur experience? If yes, complete the following questions: YES NO

Amateur Record: _____ Number of Fights: _____

Submission Grappling Record: _____

Name of Gym or Club where you trained: _____

Name and Telephone Number of Trainer or Manager:

Name: _____ Telephone Number: (____) _____

SECTION III (Manager's & Second's Only) Please Print

List names of boxers which you currently manage/second:

Do you know of any medical conditions which your boxers currently have?: If yes, please explain YES NO

I THE UNDERSIGNED HEREBY DECLARE THAT I HAVE READ THIS APPLICATION AND THAT ALL THE ANSWERS TO THE QUESTIONS ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FAILURE TO ANSWER SHALL CONSTITUTE GROUNDS FOR LICENSE REVOCATION AND OR OTHER APPLICABLE LEGAL PENALTIES.

I ALSO UNDERSTAND THAT BY SIGNING THIS APPLICATION THAT I AM AUTHORIZING THE STATE ATHLETIC CONTROL BOARD TO CONDUCT A FULL INVESTIGATION INTO MY BACKGROUND AND ACTIVITIES. I UNDERSTAND THAT THE OFFICE OF THE ATTORNEY GENERAL AND THE NEW JERSEY STATE POLICE MAY PARTICIPATE IN THIS BACKGROUND INVESTIGATION.

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE BOARDS, EMPLOYERS, EDUCATIONAL INSTITUTIONS, FINANCIAL INSTITUTIONS AND ALL GOVERNMENT AGENCIES, FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC. I HAVE APPLIED FOR A LICENSE WITH THE STATE ATHLETIC CONTROL BOARD AND FOR THE PURPOSE OF THIS APPLICATION, YOU ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL INFORMATION PERTAINING TO ME, DOCUMENTARY OR OTHERWISE, AS REQUESTED BY ANY APPROPRIATE EMPLOYEE, AGENT OR REPRESENTATIVE OF THE STATE ATHLETIC CONTROL BOARD, THE OFFICE OF THE ATTORNEY GENERAL OR THE NEW JERSEY STATE POLICE.

I THE UNDERSIGNED STATE THAT A PHOTOSTATIC COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

FURTHER, I AM AWARE AND AGREE THAT MY SIGNATURE CONSTITUTES A WAIVER OF LIABILITY AS TO THE STATE OF NEW JERSEY AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGES RESULTING IN DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSURE CONSIDERATION PROCESS OR DURING ANY INVESTIGATIONS, INQUIRY OR HEARING.

I HEREBY AUTHORIZE THE RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION TO THIS AGENCY ONLY FOR THE EXPRESS PURPOSE OF PROCESSING MY APPLICATION FOR A LICENSE. THE AUTHORITY TO REQUEST CRIMINAL INFORMATION IS SET FOR IN N.J.S.A. 5:2A-15.

I UNDERSTAND THAT THE DISCLOSURE OF MY SOCIAL SECURITY NUMBER ON THIS APPLICATION IS VOLUNTARY AND THAT IT WILL ONLY BE USED FOR PURPOSES OF PROCESSING MY APPLICATION.

DATE: _____ SIGNATURE: _____



**State of New Jersey
Department of Law & Public Safety
State Athletic Control Board**

CHILD SUPPORT QUESTIONS

Please certify, under penalty of perjury, the following:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do you currently have a child-support obligation? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If "YES", are you in arrears in payment of said obligation? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If "YES", does the arrearage match or exceed the total amount payable for the past six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you failed to provide any court-ordered health insurance coverage during the past six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you the subject of a child-support-related arrest warrant? | <input type="checkbox"/> | <input type="checkbox"/> |

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "YES" to any of the questions numbered 1a through 4 will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

_____	_____	_____
Applicant's name (please print)	Applicant's signature	Date

***Social Security Number:** _____ - _____ - _____

You **must** disclose your Social Security Number for the reasons stated below. Failure to do so may result in a denial of licensure or license renewal.

Sign your name inside the width of the box with thick black marker (large & bold).

PRINT NAME: _____

