

Ohio Athletic Commission  
 242 Federal Plaza West  
 Suite 405  
 Youngstown, OH 44503

# License Application



Office: (330) 797-2556  
 Fax: (330) 797-2559  
 Website: www.aco.ohio.gov

<b>OFFICE USE ONLY</b>	
License Number	
New <input type="checkbox"/>	Renewal <input type="checkbox"/>
Expiration Date:	
*APPLICANT MUST BE 18 OR OLDER	

(Submit a Passport size photo)

Check the license that is being applied for:

- |   |  |  |
|---|--|--|
| <p><b>OFFICIALS</b></p> <p><input type="checkbox"/> Judge \$40</p> <p><input type="checkbox"/> Referee \$40</p> <p><input type="checkbox"/> Timekeeper \$40</p> <p><input type="checkbox"/> Physician N/C</p> <p><input type="checkbox"/> Inspector N/C</p> | <p><b>PROMOTERS</b></p> <p><input type="checkbox"/> Boxing \$150</p> <p><input type="checkbox"/> Wrestling \$200</p> <p><input type="checkbox"/> Mixed Martial Arts \$150</p> <p><input type="checkbox"/> Tough Person \$150</p> | <p><b>NON OFFICIALS</b></p> <p><input type="checkbox"/> Match Maker \$40</p> <p><input type="checkbox"/> Manager \$40</p> <p><input type="checkbox"/> Trainer \$40</p> <p><input type="checkbox"/> Second \$40</p> |
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**Section One:** (Please Type or Print Legibly)

\*Address listed below will be official address for all certified mailing from Ohio Athletic Commission. Any address change is the responsibility of licensee.

Name: (Last First Middle Initial)		Social Security		E-MAIL Address	
		XXX - XX -			
* Address: Number and Street			City	State	Zip
					Phone: (Home)
DOB: M	D	YR	AGE	Languages other than English	
Have you ever been convicted of a crime other than any traffic offense		If YES, state type of crime and where crime was committed			
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you ever been suspended or penalized by any other state commission		If Yes give date; state commission; and what action was taken			
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you ever had a previous license in another state		If YES, state which other states in which you have had a license			
<input type="checkbox"/> YES <input type="checkbox"/> NO					

**Section TWO: PROMOTERS** ( Please list a reference who can verify financial responsibility)

Financial Institution	Address: Number and Street	City	State	Zip
Contact Person	Title	Phone		

**Section THREE: PHYSICIANS**

Ohio Physicians Number	Please check which medical profession applies	Years of practice in Ohio
	<input type="checkbox"/> Medical Doctor <input type="checkbox"/> Doctor of Osteopathic Medicine	

**REFERENCES:** (Please list two references)

Name:	Address: Number and Street	City	State	Zip	Phone

I hereby verify that the information on this license application is TRUE. I further acknowledge when licensing as an official, I am an independent contractor and I am NOT entitled to any benefits provided to state employees. I further agree that the Ohio Athletic Commission may use any film, photograph or other material in which I appear as the Ohio Athletic Commission in it sole discretion deems appropriate.

Applicants Signature (Must be signed for license to become valid)	Date:	Make all checks payable: State of Ohio Treasurer
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