

LICENSE FORM

FOR OFFICAL USE ONLY

PASCUA YAQUI TRIBE
ATHLETIC COMMISSION

7777 S. CAMINO HUIVISIM BLDG, C
TUCSON, ARIZONA 85757

License Number:
New: Paid: Renewal:
Receipt Number:

MARK ONE ACCORDINGLY: (Please make checks payable to the Pascua Yaqui Athletic Commission)

- FIGHTER (\$10) SECONDS (\$10) TRAINER (\$10) MANAGER (\$50)
- MATCHMAKER (\$100)
- PHYSICIANS (25) ANNOUNCER (\$25) REFEREE (\$25) JUDGE (\$25)

EACH APPLICANT SHOULD ANSWER THE FOLLOWING

PLEASE PRINT CLEARLY

SOCIAL SECURITY NO:

Name of Applicant:

AKA or Alias (other names used):

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

SEX: Female Male

Age:

D.O.B:

Citizenship:

Place of Birth:

Occupation:

Employer:

BACKGROUND HISTORY:

1) Have you ever been convicted of a crime other than traffic offenses?
 Yes No

If **YES**, state type of crime and where crime was committed:

2) Have you ever been suspended or penalized by any other state commission?
 Yes No

If **YES**, please provide date; state commission; and what action was taken:

3) Has any license you've held been revoked?
 Yes No

If **YES**, please explain:

FIGHTER QUESTIONNAIRE:

1) Have you ever been hospitalized due to an injury suffered in any contest?
 Yes No

If **YES**, please explain:

2) Do you have a manager?
 Yes No

If yes, please provide name, address, and contact number:

3) Have you had amateur experience?
 Yes No

If yes, please complete the following:

Amateur Record: **Number of Fighters:**

Submission Grappling Record:

4) Please provide the name of the gym or club where you train. Also, provide the address and telephone number:

PHYSICIANS QUESTIONNAIRE:

1) Graduate of:

Medical School:

Number of Years in active practice:

2) Are you currently licensed to practice medicine in the State of Arizona? Yes No

Arizona License Number: _____

MANAGER'S QUESTIONNAIRE:

1) How long have you managed Fighters?

Does anyone have a financial interest in your earnings? Yes No

If so, who?

2) Please provide names, weight and state of fighters under your managerial control:

Do you have an exclusive right as a manager of all fighters listed on this application? Yes No

SIGNATURE OF APPLICANT:

DATE: