Reset Form

# APPLICATION FOR INITIAL LICENSURE OR RENEWAL OF LICENSURE AS A MANAGER OF A PROFESSIONAL FIGHTER

State Form 54127 (R5 / 6/25)
Approved by State Board of Accounts, 2011
INDIANA GAMING COMMISSION

*INSTRUCTIONS:*

***1.*** *An individual who receives compensation for service as an agent or representative of a fighter who will be participating in an event in the state of Indiana must first be licensed as a manager.*

***2.*** *A manager license is an annual license that expires on September 30 of each year, regardless of the date of issuance.*

***2.*** *If you wish to be licensed as both a boxing and bare-knuckle manager, you must indicate as such in the check boxes below. You are required by rule to submit the full license fee with the application.*

***3.*** *The following information is required to be submitted to be issued a manager's license:*

***(A)*** *Application for Initial Licensure or Renewal of Licensure as a Manager of a Professional Fighter.*
***(B)*** *A clear photocopy of a current government issued photographic identification card (i.e. driver's license, passport), which affirms that the applicant is at least eighteen (18) years of age.*
***(C)*** *One (1) digital photograph which shows head and shoulders only, without a hat, and in a natural pose. Please email the digital photograph to iac@igc.in.gov and include your name in the subject line.*

***4.*** *The license fee for this application is $50.00. Checks and money orders should be made payable to the Indiana Gaming Commission. Please mail, along with the necessary information above, to:*

*Indiana Gaming Commission*
*Attention: Athletic Division*
*101 W. Washington Street*
*East Tower, Suite 1600*
*Indianapolis, Indiana 46204*

***5.*** *The applicant is under continuing duty to maintain suitability to be licensed as a manager and must update the Commission of any material changes to the information provided on this application. Failure to update the Commission of any changes may result in denial of the application or disciplinary action against the applicant.*

**Please check the license you wish to obtain (*you may only check ONE (1) for this application*):**

☐ BOXING MANAGER ☐ BARE-KNUCKLE MANAGER

| FOR OFFICE USE ONLY | |
|---|---|
| **RECEIPT NUMBER** | |
| **LICENSE NUMBER** | |
| **DATE ISSUED (*month, day, year)*** | |
| **DATE EXPIRES (*month, day, year)*** | |

## APPLICANT INFORMATION

| Full name of applicant (*first, middle, last*) (*please print*) | Last 4 digits of Social Security number<br>XXX-XX- _____ | Date of birth (*month, day, year*) |
|---|---|---|
| Address (*number and street, city, state, and ZIP code*) | | |
| Primary telephone number<br>(  ) | E-mail address | Place of birth (*city, state*) |

*List any fighter whom you have under your management at this time, whether or not under contract.* *(Attach additional sheets if necessary)*

| NAME | UNDER CONTRACT? |
|---|---|
| | |
| | |
| | |
| | |

- If you answer "Yes" to any question below, explain fully on a separate sheet of paper that includes all related details. The Commission will **NOT** accept letters from attorneys in lieu of your statement.
- Falsification of any of the following is grounds for permanent revocation of a license issued pursuant to this application.

| | | | |
|---|---|---|---|
| 1. | Does applicant have, or has applicant ever held, a Federal Gambling Stamp? | ☐ Yes | ☐ No |
| 2. | Was any boxer or mixed martial artist under your management ever disqualified from a bout for any circumstances? | ☐ Yes | ☐ No |
| 3. | Are you employed by or have you a financial interest in any promotion company conducting boxing or mixed martial arts events in this state or any other state, country, or tribal nation? | ☐ Yes | ☐ No |
| 4. | Have you ever withdrawn or been denied a license, certification, registration, or permit in the State of Indiana or any other state, country, or tribal nation to participate in any way in boxing and/or mixed martial arts? | ☐ Yes | ☐ No |
| 5. | Has any complaint been filed against you in the State of Indiana or any other state, country, or tribal nation, regarding any license, certification, registration, or permit you currently hold or have previously held to participate in any way in boxing and/or mixed martial arts? | ☐ Yes | ☐ No |
| 6. | Has disciplinary action ever been taken against a license, certification, registration, or permit you currently hold or have previously held in the State of Indiana or any other state, country, or tribal nation to participate in any way in boxing and/or mixed martial arts (*e.g. fine, revocation, etc.*)? | ☐ Yes | ☐ No |

## AUTHORIZATION FOR RELEASE OF INFORMATION

*Please provide your initials where appropriate.*

I hereby authorize the Indiana Gaming Commission ("Commission") to release, disclose and furnish my personal phone number and electronic mail address, to any interested party. I understand that this is an authorization to release information that is protected under IC 4-33-5-1.5(a)(3) & (11). I understand that this authorization is optional and that declining to consent to said authorization will not result in adverse action being taken by the Commission.

_____ **INITIALS**

## APPLICATION AFFIRMATION

**I hereby swear or affirm, under penalties of perjury, that the statements made in this application are true, complete, and correct.**

| Signature of applicant | Printed name of applicant | Date (*month, day, year*) |
|---|---|---|
| | | |