

INSTRUCTIONS: 1. The applicant is under continuing duty to maintain suitability to work as an inspector and must update the Commission of any changes to personal information including arrests, charges, or indictments, as well as any new affiliations that arise in the industry.

2 Please email the completed application to <a href="mailto:iac@igc.in.gov">iac@igc.in.gov</a> or mail to:

	Indiana Gaming Commission Attention: Athletic Division 101 W. Washington Street East Tower, Suite 1600 Indianapolis, Indiana 46204				
APPLICANT INFORMATION					
Full name of applicant (first, middle, last)			Date of birth (month, day, year)		
Address (number and street, city, state, and ZIP code)					
Primary telephone number ( )	E-mail address				
<ul> <li>If you answer "Yes" to any question below, explain fully on a separate sheet of paper that includes all related details. Letters from attorneys are not accepted in lieu of your statement.</li> <li>If you answer "Yes" to a question regarding previous criminal matters, please include the violation, location, date and disposition on a separate sheet of paper. Include all relevant court documents if applicable.</li> <li>Falsification of any of the following may result in the denial of your application.</li> </ul>					
	s, any affiliations with any amateur or professional b s, clubs, gyms, associations, sanctioning organization	<u> </u>	□Yes		No
criminal offense in any state, or by the Feder have been sealed or convictions which have	ged with, convicted of, or pled guilty, or nolo conter al courts, or any agency of government (except for been expunged by a court, and minor violations of t rrently facing any unadjudicated misdemeanor or fe	arrests which raffic laws	□ Yes		No
3. Have you ever held a license, certification, registration, permit or other official authorization from any state or tribal nation to participate in any way in any combat sport? (e.g. fighter, official, etc.)			☐ Yes		No
Please describe your background and experie why you wish to assist in the regulation of every series of the series			arts or ma	artial arts a	and
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 (mont	th, day, year)	