

STATE OF UTAH
GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT (GOED)
PETE SUAZO UTAH ATHLETIC COMMISSION (PSUAC)
APPLICATION FOR LICENSURE

CONTESTANT

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Pete Suazo Athletic Commission (PSUAC) desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the PSUAC will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the PSUAC will be sent to that address. It is your responsibility to directly notify the PSUAC of any change in address. Also, please note, the address of record is public information, available upon request and via the Internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Annotated, which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

Supporting Documents and Fees:

- 1 Submit a certificate verifying that you are HIV negative, dated not later than 180 days prior to the contest. (63C-11-317(1), Utah Code Annotated).
- 2 Submit a certificate verifying that you are Hep B & C negative, dated not later than 380 days prior to the contest. (R359-1-508. Hepatitis B Surface Antigen (HBsAg) and Hepatitis C Virus (HCV) Antibody Testing.
- 3 Submit a copy of your drivers license, passport, or birth certificate clearly indicating that you are 18 years of age or older. (63C-11-308(5)(a), Utah Code Annotated).
- 4 Submit the "Certificate of Physical Examination," dated not more than 60 days prior to the date of the application. (63C-11-308(5)(d), Utah Code Annotated).
- 5 Submit the \$30.00 non-refundable application processing fee for a contestant license. (63C-11-308(5)(c), Utah Code Annotated).
- 6 Submit an accurate history of all matches engaged in since becoming a contestant, including information on whether the applicant won or lost each contest, and the matches in which there was a knockout or technical knockout. (63C-11-308(5)(e), Utah Code Annotated).
- 7 Submit to the PSUAC written acknowledgement of receipt, understanding, and intent to comply with the laws and rules of unarmed combat in the State of Utah. (63C-11-308(5)(g), Utah Code Annotated).

Additional Important Information:

1. **Laws and Rules:** You are required to understand all Utah laws and rule pertaining to unarmed combat.

The following applicable laws and rules are available on the Internet at:

<http://www.rules.utah.gov/publicat/code/r359/r859.htm>.

<http://le.utah.gov/~code/TITLE63C/63C08.htm>

You may also purchase the applicable laws and rules for a fee from Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

- Pete Suazo Utah Athletic Commission Act (UCA, Title 63, Chapter 11)

- Pete Suazo Utah Athletic Commission Act Rules (R359)

2. **Age Requirement:** Applicants must be 18 years of age or older at the time of the contest to compete as a contestant. (UCA, 63C-11-308(5)(a)).

3. **License Renewal:** The Contestant License is valid for one year from the date of issuance.

4. **Updating Address Information:** It is the licensee's responsibility to maintain a current address with the PSUAC. If your address is incorrect, you will not receive renewal notices or other correspondences.

Make Licensure Fee Payable To: PSUAC

Mail Complete Application To:

By U.S. Mail

Pete Suazo Utah Athletic Commission
Governor's Office of Economic Development
P.O. Box 146950
60 E. South Temple, Third Floor
World Trade Center
Salt Lake City, Utah 84114-6950

Telephone Number: 801-538-8876

Fax Number: 801-538-8888

APPLICATION FOR CONTESTANT LICENSE

GENERAL INFORMATION

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held an Utah Professional or Unarmed Combat License Before? Yes ___ No ___

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

Hair Color _____ Eye Color: _____ Height: _____ Weight: _____

PUBLIC MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

Email: _____

DO NOT WRITE IN THIS SECTION – FOR PSUAC USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason for Denial/Other Comments: _____

CONTESTANT QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. All blanks must be filled in.

1. _____ Have you ever applied for a license or received a license to practice in a licensed profession under any name other than the name listed on this application?
2. _____ Have you ever had a license, certificate, permit, or registration to practice in a licensed profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
3. _____ Have you ever been permitted to resign or surrender your license to practice in a licensed profession while under investigation or while action was pending against you by any licensing agency, or criminal or administrative jurisdiction?
4. _____ Is any disciplinary action pending against you now by any licensing agency?
5. _____ Are you aware of any physical or mental condition that would prevent you from safely participating in boxing or any other unarmed combat, that has not been cleared by a physician?
6. _____ Within the last six months, have you used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substance Act?

If you answer “Yes” to question 7 or 8, please provide an explanation for EACH and EVERY arrest and/or conviction within the past 10 years.

7. _____ Have you ever been arrested for, or charged with, a misdemeanor or felony charge in any jurisdiction during the last 10 years?
8. _____ Have you ever plead guilty to, no contest to, or been convicted of a misdemeanor or a felony in any jurisdiction?

If you answered “Yes” to any of the above questions, please enclose with this application complete information with respect to all the circumstances and the final result, if such has been reached.

A “Yes” answer does not necessarily mean that you will not be granted a license; however, additional documentation may be required by the PSUAC if the information submitted is insufficient.

Name: _____ Signature: _____ Date: _____

AFFIDAVIT AND RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting documentation is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting documentation is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the PSUAC in conjunction with this application or its supporting documentation meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the PSUAC or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the PSUAC, State of Utah, any files, records, or information of any type reasonably required for the PSUAC to properly evaluate my qualifications for licensure, certification, or registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____

**STATE OF UTAH
UTAH SPORTS AUTHORITY
PETE SUAZO UTAH ATHLETIC COMMISSION (PSUAC)**

**WAIVER, HOLD HARMLESS AND RELEASE OF
LIABILITY**

I _____, for myself, my heirs, successors, assigns, Agents hereby waive, hold harmless and release the Pete Suazo Utah Athletic Commission (PSUAC) and the State of Utah, its assigns, successors, enterprises, agents representatives and employees from any and all claims, losses, damages and/or causes of action I may have or will have which arise or could arise from any activity associated with organized boxing, kickboxing or MMA in the State of Utah as sanctioned by the Pete Suazo Utah Athletic Commission or by any third party and which may occur during my participation in the organized boxing, kickboxing or MMA activity in any capacity whatsoever.

I acknowledge that boxing, kickboxing and MMA is a dangerous activity and can result in property damage, or serious bodily injury or death. I voluntarily and knowingly accept the risk of participation and assume full responsibility for the risk of participation. I understand and agree that this **Waiver, Hold Harmless and Release of Liability Agreement** is for claims, losses, damages and/or causes of action that may accrue in the future, as well as for my known or unknown claims, losses, damages, and/or causes of action I may have at the time I sign this document.

I agree that in consideration for the participating in the boxing, kickboxing or MMA activity in any capacity whatsoever that this **Waiver, Hold Harmless and Release of Liability Agreement** shall and will be interpreted as broadly and inclusively as possible under any applicable law and if any part of it shall be deemed invalid, then the remaining portion shall continue to be in full force and effect.

I have read this document and state that no oral representations, statements, or inducements apart from this document have been made to me. I sign this **Waiver, Hold Harmless and Release of Liability Agreement** voluntarily and with full knowledge of its significance. **I also understand that this Waiver, Hold Harmless and Release of Liability will remain in effect until said agreement is revoked by me.**

Full name and address: _____

Signature: _____ Dated: _____

Witness: _____ Dated: _____

HIPAA AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I, _____, authorize the Pete Suazo Utah Athletic
(Name of Contestant)

Commission to release any of my medical information to the following:

____ Any Physician in Utah: _____
(List any exceptions)

____ Any Emergency Medical Technician in Utah: _____
(List any exceptions)

____ Any Hospital in Utah: _____
(List any exceptions)

____ The Promoter: _____
(Promoter's name)

____ My Father: _____
(Father's name)

____ My Mother: _____
(Mother's name)

____ My Wife: _____
(Wife's name)

____ Any Athletic Commission that is a member of the Association of Boxing
Commissions (ABC): _____
(State in which Athletic Commission resides)

____ Any Physician out of the State of Utah: _____
(List any exceptions)

____ Any Emergency Medical Technician out of the State of Utah: _____
(List any exceptions)

____ Any Hospital out of the State of Utah: _____
(List any exceptions)

____ Any other immediate family member (brother, sister, aunt, uncle, grandparent – **name and relation**):

____ The following people not otherwise listed: _____
(List other people)

I understand that this “HIPAA Authorization to Release Medical Information” will remain in effect 365 days from the date below. I also understand that I reserve the right to revoke (Form PSUAC-20) the contents herein at any time during the period this form is valid and complete a new form.

(Contestant’s Signature)

(Date)

(Commission Representative)

(Date)

(Contestant Representative)

(Date)

PETE SUAZO UTAH ATHLETIC COMMISSION

ACKNOWLEDGEMENT OF RECEIPT OF RULES/LAW

By initialing in the box(es) below, I verify that I have read and understand the following:

Pete Suazo Utah Athletic Commission Act - Utah Code Annotated (UCA),
Title 63, Chapter 11 (**governing legislation**).

Pete Suazo Utah Athletic Commission (PSUAC) Act **Rule** R359.

Current **motions** of the Pete Suazo Utah Athletic Commission (as of the date below).

Protocols.

Printed name: _____

Signature: _____

Date: _____

Contestant Responsibilities

Protocol Establishing Penalties for Late Arrivals Adopted 4/26/2011

- Contestants are required to arrive at the venue 2 hours before the scheduled event start time.
- A contestant who arrives at the venue 30 minutes late is subject to a \$25.00 fine or ten percent of their purse, whichever is greater.
- Any contestant who arrives at the venue 45 minutes late is subject to a \$50.00 fine or twenty percent of their purse, whichever is greater.
- Any contestant who arrives at the venue 60 minutes late is subject to a \$100 fine or fifty percent of their purse, whichever is greater; and a 60 day administrative suspension and cancellation of their bout.

Protocol for Administrative Suspension of Non-Performing Contestants Adopted 4/26/2011

- Any contestant who has lost their last eight bouts by submission, technical knockout or knockout shall not be approved to compete in the State of Utah.
- Any contestant who has lost nine of their last ten bouts by submission, technical knockout or knockout shall not be approved to compete in the State of Utah.
- Any contestant who has lost their last ten bouts by decision, submission, technical knockout or knockout shall not be approved to compete in the State of Utah.
- Any contestant who has lost thirteen of their last fifteen bouts by any means shall not be approved to compete in the State of Utah.

Contestants are required to remain in the dressing room or locker room after checking in with the commission, until after your fight. If you would like to leave, you are required to have a good reason. You will need to be escorted by an Inspector or Commission member. A Second or your Manager may run errands for you, including providing music to the D.J., or getting equipment/supplies from your car.

It is your responsibility to bring any required protective gear, including cup and properly fitting mouthpiece, to the venue. Only pre-sealed bottle water or clear electrolyte drinks may be consumed prior to the fight. You are not permitted to consume energy drinks and they are prohibited in the dressing room.

The Promoter provides medical insurance to treat any injuries sustained during your fight. Please ensure you inform and document any injuries with the ringside physician during your Post Fight Physical Exam. If your injuries require medical treatment, you need to be timely in seeking treatment and submitting a claim to the insurance provider. Please notify the promoter if you seek medical attention to facilitate the claims process. The promoter is responsible to pay any insurance deductibles. Keep records of all your correspondence and medical bills.

You are required to comply with the direction give by a Commission Inspector, Commissioner or Director.

Name

Signature

Date

PETE SUAZO UTAH ATHLETIC COMMISSION (PSUAC)

CONTESTANT MEDICAL HISTORY FORM

APPLICANT INFORMATION (to be completed by contestant)

MALE

FEMALE

Last Name _____ First Name _____ Middle _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

Home Phone Number (____) _____ Mobile Phone Number (____) _____

Business Phone Number (____) _____ Email Address _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

MEDICAL HISTORY (to be completed by contestant)

1. Have you taken any prescription/non-prescription medications in the last 90 days? Yes No
If yes, list all medications taken in the last 90 days, dosage and last use: _____

2. Are you allergic to any medications? Yes No If yes, which ones? _____

3. Have you ever had any of the following? (answer all questions)

a. Allergies	yes	no	m. Heart Trouble	yes	no
b. Bleeding Tendencies	yes	no	n. Hernia	yes	no
c. Asthma	yes	no	o. Tuberculosis	yes	no
d. Chronic Cough	yes	no	p. Kidney Trouble	yes	no
e. Dizzy or Fainting Spells	yes	no	q. Rheumatic Fever	yes	no
f. Diabetes	yes	no	r. Shortness of Breath	yes	no
g. Vision Problems	yes	no	s. Skin Disease	yes	no
h. Frequent Headaches	yes	no	t. Chest Pain	yes	no
i. Seizures/Convulsions	yes	no	u. Psychiatric Problems	yes	no
j. Hepatitis	yes	no	v. Surgery/Operations	yes	no
k. Neck Injuries	yes	no	x. Spinal Injuries	yes	no
l. Palpitations (racing heart rate)	yes	no	y. Serious Head Injury	yes	no

4. If "yes" to any of the above, please explain: _____

5. Total number of knockouts received: _____ Date of last knockout (month, day, year): _____

Longest duration of unconsciousness: _____

Ever knocked unconscious in other sport or in any other way? yes no

If yes, explain: _____

6. Have you ever sustained any neck, spinal or other injury or have any other information concerning your health, past or present, which is not covered by the previous questions? yes no If yes, please explain.

Amateur Boxing Record	Wins	_____	Losses	_____	Draws	_____
Professional Boxing Record	Wins	_____	Losses	_____	Draws	_____
Amateur Unarmed Combat Record	Wins	_____	Losses	_____	Draws	_____
Professional Unarmed Combat Record	Wins	_____	Losses	_____	Draws	_____

AFFIRMATION (to be completed by contestant)

I hereby swear or affirm, under penalty of perjury, that the statements made in this report are true, complete and correct; further I realize that any intentional misrepresentation may result in disciplinary action against my license.

Print Name

Signature

Date

**PSUAC UNARMED COMBAT LICENSING PHYSICAL EXAMINATION
(TO BE COMPLETED BY THE EXAMINING PHYSICIAN ONLY)**

NAME	GENERAL APPEARANCE	HEIGHT	WEIGHT	TEMPERATURE
OCTOLOGIC		NOSE		
External Trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Instability		<input type="checkbox"/> Yes <input type="checkbox"/> No
Perforated Drum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recent Trauma		<input type="checkbox"/> Yes <input type="checkbox"/> No
OROPHARYNX		Obstruction <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loose Teeth	<input type="checkbox"/> Yes <input type="checkbox"/> No	ADENOPATHY		
Tonsils	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Yes <input type="checkbox"/> No		
FACE		TESTES		
Recent Trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Normal		<input type="checkbox"/> Abnormal
Jaw and Temporomandibular Joints		LUNGS (RALES)		
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		<input type="checkbox"/> Normal		<input type="checkbox"/> Abnormal
ABDOMEN		ENLARGED GLANDS		GOITER
Enlargement of Liver	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Hernia	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Enlargement of Spleen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Femoral	<input type="checkbox"/> Iguinal	<input type="checkbox"/> Ventral
CARDIOVASCULAR				
Blood Pressure (supine)	_____	(upright)	_____	_____
Blood Pressure after 100 hops	_____	Blood Pressure 2 minutes later	_____	_____
Heart Rate (supine)	_____	(after two minutes exercise)	_____	_____
HEART				
Pulse Rhythm	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Apical Impulse	<input type="checkbox"/> Heavy <input type="checkbox"/> Normal	
Enlargement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Murmurs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
BREAST (FEMALE CONTESTANTS)				
Mass	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tenderness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge <input type="checkbox"/> Yes <input type="checkbox"/> No
GYNECOLOGICAL EXAM (FEMALE CONTESTANTS)				
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal				
MUSCULOSKELETEL				
Hands	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Comments: _____		
Wrists	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Comments: _____		
Elbows	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Comments: _____		
Shoulder Girdle	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Comments: _____		
Lower Extremities	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Comments: _____		
REFLEXES				
Pupils	_____	Romberg	_____	Knee Jerks _____ Babinski _____
NEUROLOGIC				
Mental Status	Orientation _____ /3			
	5-minute recall _____ /3			
Cranial Nerves	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Strength	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Tone	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Gait	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Coordination:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal			
Finger to Nose	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Tandem Gait	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
COMMENTS OF EXAMINING PHYSICIAN				

I hereby certify that I have examined the named individual and in my opinion, this individual is medically fit to participate as a contestant in a professional boxing, kick boxing, martial arts or other unarmed combat competition. I also attest that I do not have a professional relationship with, nor financial interest in the earnings of this individual.				
MUST BE COMPLETED AND SIGNED BY M.D. OR D.O.				
PRINT NAME OF EXAMINING PHYSICIAN		PHYSICIANS LICENSE NUMBER		
SIGNATURE OF EXAMINING PHYSICIAN		ADDRESS OF PHYSICIAN		
TELEPHONE NUMBER OF PHYSICIAN		DATE		

AMATEUR/PROFESSIONAL STATUS ACKNOWLEDGEMENT

I acknowledge that if I participate in a professional unarmed combat contest, I am no longer eligible to participate in any **amateur** unarmed combat events, including **any** event sanctioned by USA Boxing (amateur boxing).

If I compete in any unarmed combat contest, other than amateur boxing sanctioned by USA Boxing (amateur boxing), I will acknowledge that I may be ineligible to compete in **any** subsequent event sanctioned by USA Boxing.

I also acknowledge if I am competing as an amateur, I am not being paid or provided money (purse) for competing in an amateur unarmed combat event, with the exception of reasonable travel and lodging expenses IAW with Utah per diem rates.

Participant's Name (Please Print)

Participant's Signature

Date

Commission Member or Designee's Signature

Date