

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

**SECOND**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The 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 the \$30.00 non-refundable application-processing fee for a second license. (63C-11-308(6)(b), Utah Code Annotated).
2. Submit to the Pete Suazo Utah Athletic Commission written acknowledgement of receipt, understanding, and intent to comply with the laws and rules pertaining to unarmed combat in the State of Utah. (63C-11, Utah Code Annotated).

**Additional Important Information:**

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

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

<http://www.rules.utah.gov/publicat/code/r359/r359.htm>.  
<http://le.utah.gov/~code/TITLE63C/63C11.htm>.

You may also purchase the 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. **License Renewal:** The Second License is valid for a one-year from issuance.
3. **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 correspondence.

**Make Licensure Fees 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 Numbers:** (801) 538-8876

**Fax Number:**            (801) 538-8888

# APPLICATION FOR SECOND LICENSE

## GENERAL INFORMATION (Please Print Legibly)

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: \_\_\_\_\_

Business Legal Name: \_\_\_\_\_

## PUBLIC MAILING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Length of Time at the Above Address: \_\_\_\_\_

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: \_\_\_\_\_

# SECOND QUALIFYING QUESTIONNAIRE

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

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated 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 regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
3. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated 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. \_\_\_\_\_ 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 Substances Act?
6. \_\_\_\_\_ Have you ever been arrested for, or charged with, pled guilty or no contest to, or been convicted of a misdemeanor or felony charge in any jurisdiction during the last 10 years? Minor traffic offenses, such as parking or speeding violations need not be listed but motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.

**If you answered “yes” to any of the above questions, please enclose with this application complete information with respect to 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, the PSUAC may request additional documentation 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, 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: \_\_\_\_\_

# Commission Review

Application Complete: Yes / No

License fee taken out of contestant's purse? Yes / No.

If "Yes", is contestant's contract annotated to reflect fee deduction? Yes / No.

Name of contestant: \_\_\_\_\_

Issued Receipt # \_\_\_\_\_

**Commission Review (Name):** \_\_\_\_\_  
(signature)