



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

CONTEST/EVENT DATE REQUEST

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. Post a surety/performance bond with the PSUAC in an amount equal to the total purses of all contests promoted by the promoter in a single promotion in addition to all anticipated commission and officials fees, ringside physician and ambulance and EMTs; but not less than \$10,000.
2. Submit a \$100 non-refundable Contest license application fee.
3. Submit Contest information, concerning where the contest is to be held. The names of the contestants participating in the Main Event and in the additional contests should be provided no later than 7 days before the event.
4. Submit a current "Certificate of Insurance" demonstrating medical and Accidental Death insurance coverage for each contestant, to provide medical coverage for any injuries sustained during a contest, no later than the contest weigh-in.
5. Submit a copy of a signed contract between the promoter of the contest and each contestant, no later than the contest weigh-in.

Additional Important Information:

1. **Laws and Rules:** You are required to read and have knowledge all of the Laws and Rules of Unarmed Combat within the State of Utah.

The following Laws and Rules are available on the internet via:

<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 from: **Exporior, 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 Seconds License is valid for one year from the date of 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 notices and/or other correspondences.

Make Licensure Fee Payable To: PSUAC

Mail Complete Application To: By U.S. MAIL

Telephone Number: 801-538-8876

Fax Number: 801-708-0849

PETE SUAZO UTAH ATHLETIC COMMISSION
Governor's Office of Economic Development

60 E. South Temple, 3rd Floor

P.O. Box 146950

Salt Lake City, Utah 84114-6950



PETE SUAZO UTAH ATHLETIC COMMISSION APPLICATION TO HOLD AN UNARMED COMBAT CONTEST OR PROMOTION

PLEASE PRINT THE FOLLING INFORMATION			
Promotion Name:	Contact Person:	Contest Location	Time:
Mailing Address: Street	City	State	Zip Code Country
Event Address: Street	City	State	Zip Code Country
Phone Number:	Email:	Website:	
Contest Disciplines (Boxing, MMA, Muay Thai, etc);		Event Matchmaker:	
AFFIDAVIT AND RELEASE AUTHORIZATION			
<p>I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.</p> <p>I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>			
Printed name: _____ Signature: _____ Date: _____			
OFFICE USE ONLY			
License Number:	Date Approved:	Approved by:	(IF) Denied Reason

OFFICE USE ONLY
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): _____