STATE OF UTAH

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

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:

Submit a certificate verifying that you are HIV negative, dated not later than 180 days prior to the contest.
(63C-II-3I7(I), Utah Code Annotated).

Submit a certificate verifying that you are Hep B & C negative, dated not later than 365 days prior to the contest. (R359-1-508). Hepatitis B Surface Antigen (HBsAg) and Hepatitis C Virus (HCV) Antibody Testing.

Submit a driver's license, passport, or birth certificate clearly indicating that you are 18 years of age or older. (63C-11-308(5)(a). Utah code annotated

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).

Submit the $40.00 non-refundable application-processing fee for a contestant license. (63C-II-308(5)(c), Utah Code Annotated). Adjusted 07-01-2019

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-II-308(5)(e), Utah Code Annotated).

Submit to the PSUAC written acknowledgement of understanding, & 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 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: **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 18years of age or older at the time of the contest to compete as a contestant (UCA, 63C-11-208(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 notices and/or other correspondences.

Make Licensure Fee Payable To: ***PSUAC***
Mail Complete Application To: By U.S. MAIL
Telephone: 801-538-8876
FAX: 801-538-8876

PETE SUAZO UTAH ATHLETIC COMMISSION
Governor's Office of Economic Development
60 East South Temple 3rd Floor
P.O. Box 146950
Salt Lake City, Utah 84114-6950

PETE SUAZO UTAH ATHLETIC COMMISSION
CONTESTANT LICENSE APPLICATION

PLEASE PRINT THE FOLLING INFORMATION

Last Name	*First Name*	*Middle Name*	Social Security Number *(Required)*	Date of Birth (MM/DD/YYYY)
Street	*City*		*State*	*Zip Code*
Email		*Country*		
Telephone Number	M F Gender (Circle)	Height	Weight	Hair Color / Eye Color
☐ *Yes* ☐ *No* ***Have you ever held any PSUAC License***	Which Profession?		License Number	

CONTESTANT QUALIFYING QUESTIONAIRE

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

I. _____ 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, 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 any 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 l0 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:_____

			OFFICE USE ONLY
License Number:	**Date Approved:**	**Approved by:**	**(IF) Denied Reason**

CONLi001
Rev. 03/17

PETE SUAZO UTAH ATHLETIC COMMISSION
CONTESTANT LICENSE APPLICATION

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.

Printed name: _____ *Signature:* _____ *Date:*_____

ACKNOWLEDGEMENT OF UNDERSTANDING OF THE PSUAC RULES/ LAWS

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 ll* ***(governing legislation).***
Initial

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

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

_____ *Protocols.*
Initial

Printed name: _____ *Signature:* _____ *Date:*_____

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.*

****FEMALE ATHLETES ONLY I certify that I am not pregnant, nor have I recently developed breast mass, recent breast dysfunction previously not present, or surgical breast implants. I further agree that I will immediately notify my coach, trainer, or ringside physician if any of the above described conditions should develop and/or apply.***

Female contestants with surgical breast implants acknowledge that if they choose to compete in unarmed combat sports without disclosure, assume all risk associated with potential injury.

I also, acknowledge that before the bout, female contestants shall provide the ringside physician the results of a pregnancy test performed on the contestant within the previous 14 days. If the result of the test is positive, the contestant shall be prohibited from competing in the contest.

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.***

Printed Name:_____ Signature: _____ Date: _____

Witness: _____ Dated:_____

PETE SUAZO UTAH ATHLETIC COMMISSION
CONTESTANT LICENSE APPLICATION

HIPAA AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I,_____, authorize the Pete Suazo Utah Athletic Commission to release any of my medical information to the following:
Print Name

☐ Any Physician in Utah: _____
(List any exceptions

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

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

☐ Any Athletic Commission that is a member of the Association of Boxing Commissions (ABC)

_____
(List any exceptions)

The following people not otherwise listed: _____

☐ I DO **NOT** WANT ANY MEDICAL INFORMATION SHARED WITH ANYONE OUTSIDE THE PSUAC

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 the contents herein at any time during the period this form is valid and complete a new form.

Printed Name:_____ Signature: _____ Date: _____

Commission Rep: _____ Dated:_____

AMATEUR / PROFESSIONAL STATUS ACKNOWLEDGEMENT

I acknowledge that IF I participate in a professional unarmed combat contest, I am no longer eligible to participate in and AMATEUR unarmed combat events, including any sanctions by USA Boxing/Golden Gloves Boxing (Amateur Boxing).

IF I compete in any unarmed 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), or percentage of ticket sales for competing in an amateur unarmed combat event, with the exception of reasonable travel and lodging expenses IAW with Utah per diem rates.

Printed Name:_____ Signature: _____ Date: _____

Witness: _____ Dated:_____

PETE SUAZO UTAH ATHLETIC COMMISSION
CONTESTANT LICENSE APPLICATION

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 $l00 fine or fifty percent of their purse, whichever is greater; and a 60 day administrative suspension and cancelation of their bout.

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

- Contestants who have lost their last eight bouts by submission, technical knockout or knockout shall not be approved to compete in the State of Utah.
- Contestants who have lost nine of their last ten bouts by submission, technical knockout or knockout shall not be approved to compete in the State of Utah.
- Contestants who have lost their last ten bouts by decision, submission, technical knockout or knockout shall not be approved to compete in the State of Utah.
- Contestants who have 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.

ALL Contestants are required to provide a urine sample for drug testing purposes in accordance with R359-1-506 and U.A.C. 63C-11-309 upon request before and/or after any contest.

You are required to comply with the direction given by a Commission Inspectors, and/or Commissioner and/or Director.

Name:_____ Signature:_____ Date:_____

OFFICE USE ONLY

Receipt #:_____ **CASH CHECK #**_____ **CC (Authorization Number)**_____ **DEDUCTION** _____
(Circle one) Initial